


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000003267		
1. Entity Name INDUSTRIAL FUND I, LLC		

Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111	Mailing Address PIER 1 BAY 1 SAN FRANCISCO, CA 94111 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

**FILED**  
2006 APR -6 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03232006 Chg-LLC CR2E083 (11/05)

4. FEI Number 14-1869033	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMB PROPERTY, L.P. PIER 1, BAY 1 SAN FRANCISCO, CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**  **Tamra D. Browne, Senior Vice President, General Counsel and Secretary of AMB Property Corporation, the general partner of AMB Property, L.P., the managing member of Industrial Fund I, LLC**  
Date: April 1, 2006 Daytime Phone #: 415-394-9000



CORPORATION SERVICE COMPANY

MO2000003267

ACCOUNT NO. : 072100000032

REFERENCE : 966957 5160089

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : April 5, 2006

ORDER TIME : 10:20 AM

ORDER NO. : 966957-095

CUSTOMER NO: 5160089

FILED  
2006 APR -6 PM 1:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: INDUSTRIAL FUND I, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
06 APR -6 AM 10:57  
DIVISION OF CORPORATION