2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

		AIIIIOAE										
DOCUMENT # M0300003163 1. Entity Name AMB INSTITUTIONAL ALLIANCE FUND III, LLC							O.	FEB 16	LEL) ^{9:} 18 ^{7:} 0:4		
Principal Plac	e of Busines:	S	Mailing Address				'44	AND THY O).~ ·	^{υ.} /ρ		
PIER 1, BAY 1			PIER 1, BAY 1					"MASSEL	" STA	. 0		
SAN FRANCISCO, CA 94111			SAN FRANCISCO, CA 94111						FLOS	1E		
SAIN I MAINUIS	300, UN 34	111	JAN HANGGO, OA JA						COPI	0A		
2. Principal P	lace of Busin	ness	3. Mailing Address									
			····									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				02042004	Chg-LLC	(CR2E083 (10/0	3)	
City & State			City & State				4. FEI Numb	oer ,	20.02	05177	Applie	d For
·							APPLI	ID FO R 4	20-02	85177	Not Ap	plicable
Zip	Country		Zip Co		intry		5 Certificate	e of Status Desi	red	\$5.00		nal
							J. Commean	or oracos bess		Fee Requ	uired	
6. Name and Address of Current I			Registered Agent		7. Name and Address of New Registered Agent							
					Name							
CORPORATION SERVICE COMPANY				Street A	Street Address (P.O. Box Number is Not Acceptable)							
1201 HAYS STREET				3 Get A	iddi ess (a	O. DOX MUM	Del 13 MOL Accet	Jane)				
TALLAHASSEE, FL 32301-2525									-			
					City					FL Zip C	ode	
8. The above	named entit	y submits this statement for	the purpose of changing its	egiste	red office or	r register	ed agent, or be	oth, in the State	of Florida	a. I am familiar w	ith, and	accept
	tions of regist		^			•	•					·
CIONATURE			1/1	_	_							
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NO E	Pleantie	red Agent signat	ure required	when reinstating)			DATE		
				77		/			÷		,	
Fi	iling Fee i	is \$50.00	<i> </i>	/1	1/	/			Make cl	heck payable t	0	
	ue by Ma		,	/				FI	orida De	partment of S	tate	
			J									
9.	· · · · · · · · · · · · · · · · · · ·	MANAGING MEMBER		10		1		ADDITIO	ONS/CH			
TITLE	MGR		Delete		LE	MGI	RM			Chan-	ge 🔎	Addition
NAME	BROWNE, TAMRA ESS PIER 1, BAY 1				ME	AME	3 Proper	lv I P				
STREET ADDRESS	1				LET TIDDINECO		•	•	nciec	o, CA 941	111	
CITY-ST-ZIP	SANFRA	NCISCO, CA 94111	party	4-		FIEI	i, bay i	, Sali Fia	II ICISC			
TITLE			C Delete		LE					Chan	ge L	Addition
NAME					ime Reet address	1	-	\mathbf{n}		99999	_	
STREET ADDRESS	5				TY-ST-ZIP		กวรีว	5/0401	n10	32393 -001 **5	ja Di Dir	,
CITY-ST-ZIP				-1			War s	בט דטינב.	OIO			
TITLE	}		☐ Delete		LE	Ì				\ □ Chan	ge _	Addition
NAME				NA CT	ime Reet adoress		.4.	- L-A	, -, em	<u>.</u>		
STREET ADDRESS CITY-ST-ZIP					IY-ST-ZIP		no[7]) D 00	
				-			UCIC	A. A. L. L. A.	- Thou	/加以 	<u>Մ.ՍՍ</u>	Addition
TITLE NAME			☐ Delete		ile Me			4		☐ Chan	ic F	Addition
STREET ADDRESS					REET ADDRESS							
CITY-ST-ZIP	1				TY-ST-ZIP							
			[7] N.I.A.	+-	ILE					Chan	70	Addition
NAME	1			,,,,						C Ollan	90 L.	7 (100,000)
			☐ Delete	NA	MF							
			Li Delete	NA ST	ime Reet adoress							
STREET ADDRESS			C Delete	ST								
STREET ADDRESS				STI	REET ADDRESS TY-ST-ZIP					☐ Chan	ne F	Addition
STREET ADDRESS CITY-ST-ZIP TITLE			☐ Delete	STI CIT	REET ADDRESS					Chan	ge [] Addition
STREET ADDRESS				STI CIT TIT NA	REET ADORESS TY-ST-ZIP TLE					Chan	ge [Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME				STI CIT TIT NA STI	REET ADORESS IY-ST-ZIP ILE ME					Chan	ge [Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	cartify that the	e information supplied with	☐ Delete	STI CIT NA STI CIT	REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP	ted in So	edion 119 07/3	Ni) Florida Stati	utes i fur			
Y STREET ADDRESS L'CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	l on this repo	rt is true and accurate and t	☐ Delete this filling does not qualify for hat my signature shall have to the control of the c	STI CIT NA STI CIT the exphe san	REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP REMPTION STA	ct as if m	nade under oat	h; that I am a m	utes. I furnanaging	ther certify that th	ie infori	mation
Y STREET ADDRESS L'CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	l on this repo	rt is true and accurate and t	☐ Delete	STI CIT NA STI CIT the exphe san	REET ADDRESS IY-ST-ZIP ILE ME REET ADDRESS IY-ST-ZIP REMPTION STA	ct as if m	nade under oat	h; that I am a m	utes. I fur nanaging	ther certify that th	ie infori	mation
Y STREET ADDRESS L'CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	l on this repo	rt is true and accurate and t	this filling does not qualify for hat my signature shall have tempowered to execute this reference.	STI CIT NA STI CIT the ex he san eport :	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE LE REET ADDRESS TY-ST-ZIP LE	ect as if m by Chapt	nade under oat ter 608, Florida	h; that I am a m Statutes.	utes. I fur nanaging	ther certify that the member or man	e inforrager of	mation the
Y STREET ADDRESS L'CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby of indicated	I on this repo ability compa	rt is true and accurate and t	☐ Delete this filling does not qualify for hat my signature shall have to the control of the c	STI CIT NA STI CIT the ex he san eport :	REET ADDRESS TY-ST-ZIP LE ME REET ADDRESS TY-ST-ZIP LE LE LE REET ADDRESS TY-ST-ZIP LE	ect as if m by Chapt	nade under oat ter 608, Florida	h; that I am a m Statutes.	utes. I furnanaging	ther certify that th	e inforrager of	nation the

300003163 STATE of FLORIDA

2004 LIMITED PARTNERSHIP ANNUAL REPORT AMB INSTITUTIONAL ALLIANCE FUND III, LL

Signature Page

AMB Institutional Alliance Fund III, LLC,

a Delaware limited liability company

By: AMB Property, L.P.,

a Delaware limited partnership

its Sole Member

By: AMB Property Corporation,

> a Maryland corporation, its General Partner

By: /s/ MICHAEL A. COKE

Michael A. Coke, Chief Financial Officer

and Treasurer