
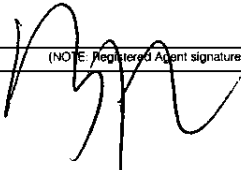
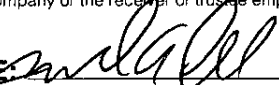


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000003163 1. Entity Name AMB INSTITUTIONAL ALLIANCE FUND III, LLC					
Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111			Mailing Address PIER 1, BAY 1 SAN FRANCISCO, CA 94111		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number APPLIED FOR 20-0285177	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWNE, TAMRA PIER 1, BAY 1 SAN FRANCISCO, CA 94111		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AMB Property, L.P. Pier 1, Bay 1, San Francisco, CA 94111	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300029332393 02/25/04--01010--001 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300029332286 02/24/04--01010--001 **50.00	
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 exemption stated in Section 119.07(3)(i), 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: 			Michael A. Coke (*see attached page) 2/12/2004 (415) 394-9000		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

FILED
 04 FEB 16 AM 9:18
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02042004 Chg-LLC CR2E083 (10/03)

M03000003163

STATE *of* FLORIDA

2004 LIMITED PARTNERSHIP ANNUAL REPORT

of

AMB INSTITUTIONAL ALLIANCE FUND III, LLC

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

FILED
04 FEB 16 PM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA