

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # M04000005321

1. Entity Name

AMB CODINA MIA CARGO CENTER, LLC



Principal Place of Business

PIER 1, BAY 1
SAN FRANCISCO, CA 94111

Mailing Address

PIER 1, BAY 1
SAN FRANCISCO, CA 94111

FILED
07 APR 12 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04042007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number

20-2037678

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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04/19/07--01033--010 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
AMB PROPERTY, L.P.
PIER 1, BAY 1
SAN FRANCISCO, CA 94111

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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

Tamra D. Browne, Senior Vice President, General Counsel and Secretary of AMB Property Corporation, the general partner of AMB Property, L.P., the general partner of AMB Institutional Alliance Fund III, L.P., the sole member of AMB Codina Mia Cargo Center, LLC

4/6/07 415 394 1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #