

MDL0000006794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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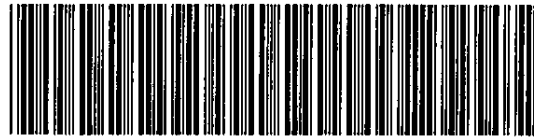
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[Signature]

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SECRETARY OF STATE
DIVISION OF CORPORATION:
07 JAN 11 PM 2:03

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMB BEACON LAKES 10, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JUDY CULVER
(Name of Person)

CLAS INFORMATION SERVICES
(Firm/Company)

2020 HURLEY WAY, STE. 350
(Address)

SACRAMENTO, CA 95825
(City/State and Zip Code)

For further information concerning this matter, please call:

JUDY CULVER at (800) 447-6237
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: AMB BEACON LAKES 10, LLC
2. The mailing address of the limited liability company is : C/O NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4, WESTON, FL 33331

12/08/2006

M06000006794

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

COBB, KOLLEEN O.P.

Name

355 ALHAMBRA CIRCLE, SUITE 900

Address

CORAL GABLES FL 33134

City, State and Zip

6. The name and address of the new registered agent and/or office:

NRAI SERVICES, INC.

Name

2731 EXECUTIVE PARK DRIVE, SUITE 4

Florida street address (P.O. Box NOT acceptable)

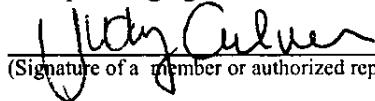
WESTON

FL

33331

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.



(Signature of a member or authorized representative of a member)

JUDY CULVER, ATTORNEY-IN-FACT FOR AMB GODINA BEACON LAKES, LLC SERIES 1

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

NRAI SERVICES, INC.


(Signature of Registered Agent)

CHRISTY MCCULLOUGH, ASSISTANT SECRETARY

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 JAN 11 PM 2:03

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT AMB Property Corporation, a Maryland corporation (the "Company"), and the indirect parent company of the entities listed on the attached schedule (the "Subsidiaries"), does hereby appoint representatives of National Registered Agents, Inc. (the "Representatives") as attorneys-in-fact for the Company and the Subsidiaries to act for the Company and the Subsidiaries and in the name of the Company and the Subsidiaries for the limited purposes authorized herein.

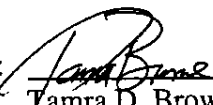
The Company having taken all necessary steps to authorize the changes and the establishment of this Power of Attorney, hereby grants the Representatives the power to execute the documents necessary to change the registered agent and registered office, or the agent and office of similar import, of the Company and the Subsidiaries in any jurisdiction in the United States.

In the execution of any documents necessary for the purposes set forth herein, the Representatives are hereby authorized to exercise the power of such office(s) and with such authority as is required to effect the changes herein contemplated on behalf of the Company and the Subsidiaries.

This Power of Attorney expires upon the completion and filing of the documents necessary to effect the changes in registered agent and registered office addresses contemplated herein, or when revoked by the Company.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 23rd day of August, 2006.

AMB Property Corporation

BY: 
Tamra D. Browne, Senior Vice President,
General Counsel and Secretary

State of California

County of San Francisco

Subscribed and sworn to (or affirmed) before me on this 23rd day of August, 2006, by Tamra D. Browne, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(seal)

Signature 