

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006794

FILED
Apr 30, 2007
Secretary of State

Entity Name: AMB BEACON LAKES 10, LLC

Current Principal Place of Business:

355 ALHAMBRA CIRCLE, SUITE 900
CORAL GABLES, FL 33134

New Principal Place of Business:

60 STATE STREET
SUITE 3700
BOSTON, MA 02109

Current Mailing Address:

C/O NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331

New Mailing Address:

FEI Number: 20-8071175 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: AMB GODINA BEACON LA, KES, LLC SERIE S 1
Address: 355 ALHAMBRA CIRCLE, SUITE 900
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: AMB INSTITUTIONAL AL, LIANCE FUND II I LP
Address: 60 STATE STREET, SUITE 3700
City-St-Zip: BOSTON, MA 02109

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KOLLEEN COBB

VP

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date