

# 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