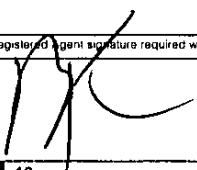
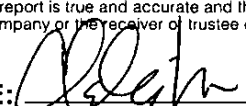


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000006794 1. Entity Name AMB BEACON LAKES 10, LLC						FILED 08 APR 30 AM 11:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Principal Place of Business 60 STATE STREET SUITE 3700 BOSTON, MA 02109				Mailing Address C/O NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331					
2. Principal Place of Business - No P.O. Box # Pier 1, Bay 1		3. Mailing Address Suite, Apt. #, etc.		04212008 Chg-LLC CR2E083 (12/06)					
City & State San Francisco, CA		City & State		4. FEI Number 20-8071175		Applied For Not Applicable			
Zip 94111		Country USA		Zip		Country			
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE STE 4 WESTON, FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL Zip Code</div>					
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____									
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR AMB INSTITUTIONAL ALLIANCE FUND III LP 60 STATE STREET, SUITE 3700 BOSTON, MA 02109			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	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 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				
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				
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 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: 				Clarinda Low, Vice President, Associate Counsel 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 the LLC				April 22, 2008	415-394-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE								Date	Daytime Phone #