

# 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

Zip  
**94111**

Country  
**USA**

Zip

Country

4. FEI Number  
**20-8071175**

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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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**

*[Handwritten Signature]*

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>AMB INSTITUTIONAL ALLIANCE FUND III LP</b>	
STREET ADDRESS <b>60 STATE STREET, SUITE 3700</b>	
CITY-ST-ZIP <b>BOSTON, MA 02109</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**10. ADDITIONS / CHANGES**

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS <b>Pier 1, Bay 1</b>	
CITY-ST-ZIP <b>San Francisco, CA 94111</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**600127400506**  
**04/30/08--01047--008 \*\*138.75**

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:** *[Handwritten Signature]*

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

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

Date **April 22, 2008** Daytime Phone # **415-394-9000**