M07000002721

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)		
PICK-UI	P WAIT	MAIL		
	(Business Entity Name))		
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
,				

Office Use Only



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04/24/08--01012--009 **25.00

APR 2 5 2008

CLAS Information Services 2020 Hurley Way, Suite #350 Sacramento CA 95825 Tel: (800) 447-6237

Date: April 21, 2008

Name: AMB BEACON LAKES 9, LLC

Job Number: 60510/JC

Request For: Florida

TYPE OF FILING: Change of Agent

Special Instructions:

Please file the attached upon receipt. We have enclosed check #044860 in the amount of \$25.00 and a self-addressed, stamped envelope for your convenience in returning a stamped, filed copy to us. I have also attached the Power of Attorney for your records. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

Florida Department of State Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

COVER LETTER

Division of Corporations		
SUBJECT: AMB BEACON LAKES 9,	LLC	
(Name of	f 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 concernin	- · · · · · · · · · · · · · · · · · · ·	
•		
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 ma	tter, please call:	
HIDV OUT VED	447.0007	
JUDY CULVER (Name of Person)	at (800 <u>) 447-6237</u> (Area Code & Daytime Telephone Number)	
(Common and Common and	(cour of 2 u) comprome	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the follow	ing amount:	
 ✓ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

TO: Registration Section

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 i	is: AMB BEACON LAKES 9, LLC	··································
2. The mailing address of the limited liability	company is : PIER 1. BAY 1. SAN F	RANCISCO, CA 94111 .
05/08/2007	M07000002721	·
3. Date of filing/registration in Florida	4. Document numb	er
5. The name of the registered agent and the reg Florida Department of State:	gistered office address as shown on	the records of the
COBB, KOLLEEN O.	.P.	
	Name	
2855 SOUTH LEJEU	JNE ROAD, 4TH FLOOR Address	TALE SE
CORAL GABLES FL	33134	APR 24 LAHAS
Cit	y, State and Zip	HAT N
6. The name and address of the new registered	agent and/or office:	RY OF STATISEEF FLORI
NRAI SERVICES, INC	C	
	Name	97
2731 EXECUTIVE PA	ARK DRIVE, SUITE 4	音元 二
Florida street addre	ess (P.O. Box NOT acceptable)	Þ
WESTON	FL 33331	
City,	, State and Zip	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the office of the limited liability company or the operating agreement of the limited liability.	made, the Florida street address of will be identical. Or, in the case of the change(s) was/were authorized in my or as otherwise provided in the a	f the registered office f a Florida limited by an affirmative vote
(Signature of a member or authorized representative of a men	nber)	
JUDY CULVER, ATTORNEY-IN-FACT FOR AMB INSTI (Printed or typed name of signee)	TUTIONAL ALLIANCE FUND III, L.P., SOL	LE MEMBER
I hereby accept the appointment as registered comply with the provisions of all statutes relation and I am familiar with and accept the obligation Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liabily NRAI SERVICES, INC.	agent and agree to act in this capa ive to the proper and complete perf ons of my position as registered ago g filed to merely reflect a change in lity company has been notified in w	icity. I further agree to formance of my duties, ent as provided for in i the registered office vriting of this change.
(Signature of Registered Agenty) CHRISTY MCCULLOUGH, ASST. SECRETARY Division of Corporations, I	P.O. Box 6327, Tallahassee, FL 3	32314

FILING FEE: \$25.00

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 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

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

CHRISTOPHER G. VISGILIO
Commission # 1401117
Notary Public - California
San Francisco County
My Comm. Expires Feb 18, 2007