

M07000002721

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


09 APR -6 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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04/07/09--01001--015 **282.50

CR2E041 (12/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000002721
1. Limited Liability Company's Name
AMB Beacon Lakes 9, LLC

2. Principal Office Address - No P.O. Box # Pier 1, Bay 1		3. Mailing Office Address c/o NRAI Service, Inc., 2731 Executive Park Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State San Francisco, CA		City & State Weston, FL	
Zip 94111	Country USA	Zip 33331	Country USA

4. State/Country of Formation
DE

5. Date Organized or Qualified To Do Business in Florida 5/8/07

6. FEI Number 200285177

Applied For	Not Applicable
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7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
2731 Executive Park Drive

Suite, Apt. #, Etc.
Suite 4

City
Weston

State
FL

Zip Code
33331

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent by: [Signature] Date 04-06-09
REGISTERED AGENT MUST SIGN National Registered Agents, Inc.

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
sole member	AMB INSTITUTIONAL ALLIANCE FUND III, L.P.	Pier 1, Bay 1	San Francisco, CA 94111

REINSTATEMENT 2008-2009

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager: [Signature] Date April 2, 2009 Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager: _____

AMB Beacon Lakes 9, LLC a Delaware limited liability company By: AMB Institutional Alliance Fund III, L.P., its Sole Member By: AMB Property, L.P., its General Partner By: AMB Property Corporation, its General Partner By: Yama D. Brown, Senior Vice President, General Counsel and Secretary