


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # M07000002725</b> 1. Entity Name <b>AMB BEACON LAKES 6, LLC</b>	
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FILED  
08 APR 30 AM 11:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>2855 SOUTH LEJEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134</b>	Mailing Address <b>2855 SOUTH LEJEUNE ROAD, 4TH FLOOR CORAL GABLES, FL 33134</b>
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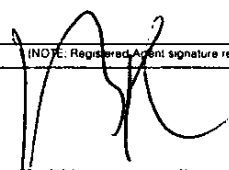
2. Principal Place of Business - No P.O. Box # <b>Pier 1, Bay 1</b> Suite, Apt. #, etc.	3. Mailing Address <b>c/o NRAI Services, Inc. 2731 Executive Park Dr. Ste 4</b> Suite, Apt. #, etc.
City & State <b>San Francisco, CA</b>	City & State <b>Weston, FL</b>
Zip <b>94111</b>	Zip <b>33331</b>
Country <b>USA</b>	Country <b>USA</b>

04212008	Chg-LLC	CR2E083 (12/06)
4. FEI Number <b>20-0285177</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required		

<b>6. Name and Address of Current Registered Agent</b>  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE: <b>MGR</b> <input checked="" type="checkbox"/> Delete NAME: <del>AMB BEACON LAKES 6, LLC SERIES 4</del> STREET ADDRESS: <del>2855 SOUTH LEJEUNE ROAD, 4TH FLOOR</del> CITY-ST-ZIP: <del>CORAL GABLES, FL 33134</del>	TITLE: <b>MGR</b> <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:
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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: <b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>AMB Institutional Alliance Fund III, L.P.</b> 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:
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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

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