2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M0700006634 AMB 1-75, LLC Principal Place of Business Mailing Address PIFR 1 RAY 1 PIER 1, DAY 1 SAN FRANCISCO, CA 94111 SAN FRANCISCO: CA 94111 2. Principal Place of Business - No P.O. Box # 3. Mailing Address C/O NRAI Services, Inc Suite, Apt. #, etc. Suite, Apt. #, etc. 04212008 Chg-LLC CR2E083 (12/06) Executive Pork Dr. ske 4 Applied For City & State City & State 4 FEL Number 26-1395299 Not Applicable Weston Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: ired when reinstating) FILE NOWIII FEE IS \$138.75 Make check payable to After May 1, 2008 Fee will be \$538.75 Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition AMB HFC, L.P. NAME NAME STREET ADDRESS PIER 1, BAY 1 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO, CA 94111 CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP 600127398546 04/30/03--01047--002 **138.75 TITLE ☐ Detete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-Z# CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 tustee empowered to execute this report as required by Chapter 608, Florida Statutes. Clarinda Low, Vice President, Associate Counsel of AMB Property Holding Corporation, the general partner of AMB Property II, L.P., the sole member of AMB HFC GP, LLC, the SIGNATURE: April 22, 2008 general partner of AMB HFC, L.P., the sole member of the LLC 415-394-9000 OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #