

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000007014

1. Entity Name
AMB ORLANDO AIRPORT PARK, LLC



Principal Place of Business
ATTN: LEGAL DEPARTMENT
PIER 1, BAY 1
SAN FRANCISCO, CA 94111

Mailing Address
ATTN: LEGAL DEPARTMENT
PIER 1, BAY 1
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.

2731 Executive Park Dr. Ste. 4

City & State

City & State

Weston, FL

Zip

Country

Zip

33331

Country

USA

04212008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

26-1303196

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, SUITE 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AMB HFC, L.P.
PIER 1, BAY 1
SAN FRANCISCO, CA 94111 ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
900127380779
04/30/08--01042--004 **138.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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.

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
general partner of AMB HFC, L.P., the sole member of the LLC

SIGNATURE:

Clarinda Low

April 22, 2008

415-394-9000

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

Date

Daytime Phone #