

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

APPROVED  
AND  
FILED

103

DOCUMENT # M98000000491

1. Entity Name  
AMB-TC SUGAR MAGNOLIA L.L.C.



04 APR 27 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2001 ROSS AVENUE, SUITE 3400  
DALLAS, TX 75201

Mailing Address  
2001 ROSS AVENUE, SUITE 3400  
DALLAS, TX 75201

2. Principal Place of Business  
Pier 1, Bay 1

3. Mailing Address  
Pier 1, Bay 1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04232004 Chg-LLC CR2E083 (10/03)

City & State  
San Francisco, CA

City & State  
San Francisco, CA

4. FEI Number  
75-2763371

Applied For  
Not Applicable

Zip  
94111

Country  
USA

Zip  
94111

Country  
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
TCC NORTH FLORIDA DEVELOPMENT #1, INC.  
2001 ROSS AVENUE, SUITE 3400  
DALLAS, TX 75201 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AMB Property, L.P.  
Pier 1, Bay 1, San Francisco, CA 94111 ☐ Change ☒ Addition

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
600034144676

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tamra D. Browne*

Tamra D. Browne (\*see attached page) 4/26/04 415.394.9000

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

Date

Daytime Phone #

2013

**STATE of FLORIDA**  
**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**  
*of*  
**SUGAR MAGNOLIA L.L.C.**

***Signature Page***

**Sugar Magnolia L.L.C.**

a Delaware limited liability company

By: AMB Property, L.P.,  
a Delaware limited partnership,  
its Sole Member

By: AMB Property Corporation,  
a Maryland corporation,  
its General Partner

By: /s/ TAMRA D. BROWNE  
Tamra D. Browne, Senior Vice President,  
General Counsel and Secretary



CORPORATION SERVICE COMPANY

303

ACCOUNT NO. : 072100000032

REFERENCE : 593243 5160089

AUTHORIZATION

*Patricia Pizuto*

COST LIMIT : \$ 50.00

ORDER DATE : April 26, 2004

ORDER TIME : 10:44 AM

ORDER NO. : 593243-005

CUSTOMER NO: 5160089

CUSTOMER: Mr. Scott R. Campbell  
Amb Property Corporation  
Pier 1  
Bay1  
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: AMB-TC SUGAR MAGNOLIA L.L.C.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_