

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90066 019 \*\*\*\*50.00

20064928



<b>DOCUMENT # M98000000491</b> 1. Entity Name <b>AMB-TC SUGAR MAGNOLIA L.L.C.</b>					
Principal Place of Business <b>PIER 1, BAY 1 SAN FRANCISCO, CA 94111</b>			Mailing Address <b>PIER 1, BAY 1 SAN FRANCISCO, CA 94111</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>Pier 1, Bay 1 Legal Dept.</b>			
City & State 		City & State <b>San Francisco, CA</b>		4. FEI Number <b>75-2763371</b>	
Zip 		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM AMB PROPERTY, L.P. PIER 1, BAY 1 SAN FRANCISCO, CA 94111</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:			<b>Tamra D. Browne</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>07/07/05</b> (415) 394-9000 <small>Daytime Phone #</small>		

Ⓢ See attached page

ATTACHMENT

20064928  
#1198000000491  
STATE OF FLORIDA


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT  
of  
SUGAR MAGNOLIA L.L.C

Signature Page

SUGAR MAGNOLIA L.L.C  
a Delaware limited liability company  
(doing business in Florida as AMB-TC SUGAR MAGNOLIA L.L.C.)

By: AMB Property, L.P.  
its Sole Member

By: AMB Property Corporation  
its General Partner

By:   
Tamra D. Browne, Senior Vice President,  
General Counsel & Secretary