




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

| | | | | | | | |
|---|-------------------------|---------------------|--|--|--------------|---|--|
| DOCUMENT # M98000000491 1. Entity Name SUGAR MAGNOLIA L.L.C. | | | |  | | <div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">2006 APR -6 PM 1:46</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111 | | | | Mailing Address PIER 1, BAY 1 SAN FRANCISCO, CA 94111 | | | |
| 2. Principal Place of Business | | 3. Mailing Address | |  | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| City & State | | City & State | | | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | Name | | | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | City | | | |
| | | | | <div style="font-size: 1.5em; font-weight: bold;">FL</div> <div style="font-size: 0.8em;">Zip Code</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE | MGRM | | | TITLE | | | |
| NAME | AMB PROPERTY, L.P. | | | NAME | | | |
| STREET ADDRESS | PIER 1, BAY 1 | | | STREET ADDRESS | 600069609386 | | |
| CITY - ST - ZIP | SAN FRANCISCO, CA 94111 | | | CITY - ST - ZIP | | | |
| TITLE | | | | TITLE | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | | | TITLE | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | | | TITLE | | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | | | CITY - ST - ZIP | | | |
| TITLE | | | | TITLE | | | |
| 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 35%; text-align: right;"> Tamra D. Browne, Senior Vice President, General Counsel and Secretary of AMB Property Corporation, the sole member of Sugar Magnolia, L.L.C. <small>Date</small> </div> </div> | | | | | | | |
| 415-394-9000 415-394-9000 <small>Daytime Phone #</small> | | | | | | | |



CORPORATION SERVICE COMPANY

M980000000491

ACCOUNT NO. : 072100000032

REFERENCE : 966957 5160089

AUTHORIZATION

COST LIMIT : \$ 50.00

ORDER DATE : April 5, 2006

ORDER TIME : 10:22 AM

ORDER NO. : 966957-105

CUSTOMER NO: 5160089

ANNUAL REPORT FILING

NAME: 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: Amanda Haddan - Ext. 2955

EXAMINER'S INITIALS: _____

FILED
2006 APR -6 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
06 APR -6 AM 10:57
DIVISION OF CORPORATION

BK