


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # M98000000491**

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



FILED  
08 APR 30 PM 2: 50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business PIER 1, BAY 1 SAN FRANCISCO, CA 94111	Mailing Address <del>PIER 1, BAY 1</del> SAN FRANCISCO, CA 94111
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>% NRAI Services, Inc.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>2731 Executive Park Dr. Ste 4</i>	
City & State		City & State <i>Weston, FL</i>	
Zip	Country	Zip <i>33331</i>	Country <i>USA</i>

04232008	Chg-LLC	CR2E083 (12/06)
4. FEI Number 75-2763371	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331	<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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.

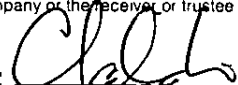
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME	MGRM AMB PROPERTY, L.P.	<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	PIER 1, BAY 1		STREET ADDRESS		
CITY-ST-ZIP	SAN FRANCISCO, CA 94111		CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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04/30/08--01047--009 \*\*138.75

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.

SIGNATURE:  Clarinda Low, Vice President, Associate Counsel of AMB Property Corporation, the sole member of Sugar Magnolia, L.L.C. 7/22/08 415 394-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #