

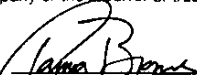


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 12 AM 9:33

DOCUMENT # M04000005321 1. Entity Name AMB CODINA MIA CARGO CENTER, LLC					
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 Suite, Apt. #, etc.		3. Mailing Address Pier 1, Bay 1 Suite, Apt. #, etc. Legal Dept.			
City & State San Francisco, CA		City & State San Francisco, CA		4. FEI Number 20-2037678	
Zip 94111		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AMB PROPERTY, L.P. PIER 1, BAY 1 SAN FRANCISCO, CA 94111	<div style="text-align: right;"> <input type="checkbox"/> Delete </div> <div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"> <input type="checkbox"/> Delete </div>	<div style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>			
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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 07-07-05 (415) 394-9000					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

➔ See attached page.

STATE OF FLORIDA
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT
of
AMB CODINA MIA CARGO CENTER, LLC


Signature Page

AMB CODINA MIA CARGO CENTER, LLC
a Delaware limited partnership

By: AMB Institutional Alliance Fund III, L.P.
its Sole Member

By: AMB Property, L.P.,
its General Partner

By: AMB Property Corporation
its General Partner

By: 

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