


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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**DOCUMENT #** B01000000226

1. Entity Name  
**PROLOGIS SECOND U.S. PROPERTIES LP**



**FILED**

03 MAY -6 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
14100 EAST 35TH PLACE  
AURORA CO 80011

Mailing Address  
14100 EAST 35TH PLACE  
AURORA CO 80011

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2003**

4. FEI Number **84-1593334**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,270,426.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$5,274,903**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M01000001395	STREET ADDRESS	
NAME	PROLOGIS SECOND GP LLC	CITY-ST-ZIP	
STREET ADDRESS	1400 EAST 35TH PLACE		
CITY-ST-ZIP	AURORA CO 80011		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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CITY-ST-ZIP			

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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**  **REQUIRED** James C. Martin 4/22/03 303-375-9292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)