


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # B01000000332**

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



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



04192004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**84-1603606**

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. **\$17,100,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **5,087,451**

**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 #	M01000002135	STREET ADDRESS	
NAME	PROLOGIS THIRD GP LLC	CITY-ST-ZIP	
STREET ADDRESS	14100 EAST 35TH PLACE		
CITY-ST-ZIP	AURORA, CO 80011		
DOCUMENT #		STREET ADDRESS	05/10/04-80033-023 526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: James C. Martin **James C. Martin**  
**Vice President** 4-17-04 303-375-9292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #