

2007 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B04000000115

FILED
May 04, 2007
Secretary of State

Entity Name: PROLOGIS SIX RIVERS LIMITED PARTNERSHIP

Current Principal Place of Business:

4545 AIRPORT WAY
DENVER, CO 80239

New Principal Place of Business:

Current Mailing Address:

4545 AIRPORT WAY
DENVER, CO 80239

New Mailing Address:

FEI Number: 20-1401622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

GENERAL PARTNER INFORMATION:

Document #: M04000003614
Name: PROLOGIS ALLAGASH GP LLC
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239
Document #: M04000003619
Name: PROLOGIS BRAZOS GP, LLC
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239
Document #: M04000003618
Name: PROLOGIS CIMMARON GP LLC
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239
Document #: M04000003615
Name: PROLOGIS DEERFIELD GP LLC
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239
Document #: M04000003617
Name: PROLOGIS ELKHORN GP LLC
Address: 14100 EAST 35TH PLACE
City-St-Zip: AURORA, CO 80011
Document #: M04000004039
Name: PROLOGIS FRASER SIX RIVERS GP LLC
Address: 4545 AIRPORT WAY
City-St-Zip: DENVER, CO 80239

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:
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City-St-Zip: DENVER, CO 80239
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LINDSAY REIN

_____ Electronic Signature of Signing General Partner

ADMI

05/04/2007

_____ Date