

# 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:  
Address:  
City-St-Zip:  
Address:  
City-St-Zip:  
Address:  
City-St-Zip:  
Address: 4545 AIRPORT WAY  
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