

# B04000000115

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
 Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
 Account Number : FCA000000023  
 Phone : (850)222-1092  
 Fax Number : (850)878-5368

**\*RE-SUBMIT\***

Please retain original filing date of submission 7/20

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**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION  
PROLOGIS SIX RIVERS LIMITED PARTNERSHIP**

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LP/LLP AMENDMENT/RESTATEMENT CORRECTION  
 PROLOCIS SIX RIVERS LIMITED PARTNERSHIP

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*  
 Email Address:

Account Name : C T CORPORATION SYSTEM  
 Account Number : RCN00000023  
 Phone : (850) 222-1092  
 Fax Number : (850) 678-5368

FROM:

Division of Corporations  
 Fax Number : (850) 617-6383

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ProLogis Six Rivers Limited Partnership

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ann M. Schneider

(Contact Person)

Equity Office

(Firm/Company)

2 N. Riverside Plaza, #2100

(Address)

Chicago, IL 60606

(City, State and Zip Code)

For further information concerning this matter, please call:

Ann M. Schneider

(Name of Contact Person)

at ( 312 ) 466-3607

(Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

\$52.50 Filing Fee

\$61.25 Filing Fee  
and Certificate of  
Status

\$105.00 Filing Fee  
and Certified Copy

\$113.75 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

FILED

2011 Jul 20 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMENDMENT TO CERTIFICATE OF AUTHORITY  
FOR  
FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:  
ProLogis Six Rivers Limited Partnership

2. The jurisdiction of its formation is: Delaware B04000000115

3. The date the entity was authorized to transact business in Florida is: 3/18/04

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:  
\_\_\_\_\_

*Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.  
Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.*

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

<u>Name:</u>	<u>Business Address:</u>
<u>BRE/IPV Allagash GP LLC</u>	<u>2 N. Riverside Plaza</u> <u>MD4000003614</u> <u>Chicago, IL 60606</u>
<u>BRE/IPV Brazos GP LLC</u>	<u>2 N. Riverside Plaza</u> <u>MD4000003619</u> <u>Chicago, IL 60606</u>
<u>BRE/IPV Cimmaron GP LLC</u>	<u>2 N. Riverside Plaza</u> <u>MD4000003618</u> <u>Chicago, IL 60606</u>
<u>ProLogis Elkhorn GP LLC</u> ✓	<u>4545 Airport Way</u> <u>MD4000003617</u> <u>Denver, CO 80239</u>
<u>ProLogis Fraser Six Rivers GP LLC</u> ✓	<u>4545 Airport Way</u> <u>MD4000004039</u> <u>Denver, CO 80239</u>
_____	_____
_____	_____

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

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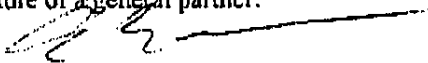
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

- The entity elects to be a limited liability limited partnership.
- The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: \_\_\_\_\_  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:



Typed or printed name:  
Ann M. Schneider, Asst. Secy. of Allagash Property Trust, the  
Sole Member of BRE/IPV Allagash GP LLC, a general partner

Filing Fee: \$52.50  
Certified Copy (optional): \$52.50  
Certificate of Status (optional): \$8.75

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TALLAHASSEE, FLORIDA

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