

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B94000000433

1. Entity Name

PROLOGIS LIMITED PARTNERSHIP III

FILED

Principal Place of Business

14100 E. 35TH PLACE
AURORA CO 80011

Mailing Address

7777 MARKET CENTER AVENUE
C/O KATIE HARDMAN
EL PASO TX 79912

01 MAY -3 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

14100 E. 35th Place

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/o Katie Hardman

City & State

City & State

Aurora, CO 80011

Zip

Country

Zip

Country

4. FEI Number

74-2723979

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$38,000,000.00

10. Amount of Capital Contributions

in FLORIDA to date. \$5,692,244.00

11. MAKE CHECK PAYABLE TO 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 # D94000000009
NAME PROLOGIS TRUST
STREET ADDRESS 14100 E. 35TH PLACE
CITY-ST-ZIP AURORA CO 80011

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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:

Edward S. Nekritz

RECEIVED

Edward S. Nekritz

4-30-01

(303) 375-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)