

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0020545 MB

**DOCUMENT # B94000000433**



**FILED** **MMJ**  
**03 MAY -6 PM 8:39**  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Entity Name  
**PROLOGIS LIMITED PARTNERSHIP III**

Principal Place of Business  
**14100 E. 35TH PLACE  
AURORA CO 80011**

Mailing Address  
**14100 E 35TH PLACE  
C/O KATIE HARDMAN  
AURORA CO 80011**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Attn: Tax Department**

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **74-2723979**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions as Shown on record. **\$38,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,190,000.00**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FE 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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:  **SIGNATURE REQUIRED** James C. Martin  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

303-375-9292

Date

Daytime Phone #

CR2E003 (10/02)