FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 14 PM 1:15

1. Name of Limited Partnership

1a. DOCUMENT # B94000000434

~~SGI LIMITED PARTNERSHIP~~ - IV
Prologis Limited Partnership IV

Mailing Address
7777 MARKET CENTER AVE
EL PASO TX 79912

Principal Office Address
14100 E 35TH PLACE
AURORA CO 80011

1999-AR
CM

3. Date Formed or Registered: 10/26/1994
3a. Date of Last Report: 12/29/1997
4. State or Country of Formation: DE
5a. Capital Contributions as Shown on record: $70,000,000.00
5b. Amount of Capital Contributions in FLORIDA to date: 1,037,761
6. FEI Number: 74-2723980 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for further information)

2. Mailing Address
Suite, Apt #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt #, etc.
City & State
Zip Country

9. **Name and Address of Current Registered Agent**

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

10. If changed, new Registered Agent Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc.
City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
~~SGI IV, INC.~~ Prologis IV, Inc.	14100 E 35TH PLACE	AURORA CO 80011	F94000005564

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Edward Cox DATE 12/23/98

Typed or Printed Name of General Partner Signing Form Edward Cox Daytime Telephone Number 915-??7-3800

CR2E003 (8/98)