2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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FILED
03 MAY -6 PM 1:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJK

DOCUMENT # B94000000434

1. Entity Name
PROLOGIS LIMITED PARTNERSHIP IV

Principal Place of Business	Mailing Address
C/O KATIE HARDMAN 14100 E. 35TH PLACE AURORA CO 80011	C/O KATIE HARDMAN 14100 E. 35TH PLACE AURORA CO 80011

2. Principal Place of Business		3. Mailing Address	
14100 E. 35th Place		14100 E. 35th Place	
Suite, Apt. #, etc.: Tax Dept.		Suite, Apt. #, etc.: Tax Dept.	
City & State: Aurora, CO		City & State: Aurora, CO	
Zip: 80011	Country: US	Zip: 80011	Country: US

DUE BY MAY 1, 2003

4. FEI Number 74-2723980 ☐ Applied For ☐ Not Applicable

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) 400018035074 05/06/03--01033--005 **526.25 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$70,000,000.00	$1,037,761.00	

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 #	F94000005564	STREET ADDRESS	
NAME	PROLOGIS IV, INC.		
STREET ADDRESS	14100 E. 35TH PLACE	CITY-ST-ZIP	
CITY-ST-ZIP	AURORA CO 80011		
DOCUMENT #		STREET ADDRESS	
NAME			
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CITY-ST-ZIP			

CR2E003 (10/02)

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 4/22/03 303-375-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #