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ACCOUNT NO. : 072100000032

REFERENCE: 867906

4304394

AUTHORIZATION : '

COST LIMIT : \$ 160.00

ORDER DATE: August 30, 2004

ORDER TIME : 11:59 PM

ORDER NO. : 867906-010

CUSTOMER NO: 4304394

CUSTOMER: Mr. Darryl Spivey

Mayer Brown Rowe & Maw

Suite 4000

190 South La Salle St. Chicago, IL 60603

FOREIGN FILINGS

NAME: PROLOGIS ALLAGASH GP LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ____ CERTIFIED COPY

__ PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT#

EXAMINER:



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 31, 2004

TROY TODD CSC TALLAHASSEE, FL

SUBJECT: PROLOGIS ALLAGASH GP LLC

Ref. Number: W04000033024

We have received your document for PROLOGIS ALLAGASH GP LLC and the authorization to debit your account in the amount of \$160.00. However, the document has not been filed and is being returned for the following:

Please list the NAMES and ADDRESSES of the MANAGERS or MANAGING MEMBERS in Item 9.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Document Specialist

Letter Number: 204A00052927

RESUB

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limite	d Li	ability Company)
2. Delaware		Applied for
(Jurisdiction under the law of which foreign limited liabilit company is organized)	у	(FEI number, if applicable)
1 July 16, 2004	5.	Perpetual
(Date of Organization)		(Duration: Year limited liability company will sease to exist or "perpetual")
Upon Filing		0200
(Date first transacted business in (See sections 608.501 & 608.502 F	Flor S. t	da, if prior to registration.) o determine penalty liability)
, 14100 E. 35th Place, Aurora, CO 80011		
(Street Addre	ss of	Principal Office)
T/75 * ** 4 4 1 1 *4**		
If limited liability company is a manager-manage	ea c	ompany, check here
. The name and usual business addresses of the ma	anag	ging members or managers are as follows:
MGRM_ Allagash Property Trust		
14100 East 35th Place		
Aurora, CO 80011		
O. Attached is an original certificate of existence, no more than 9 to jurisdiction under the law of which it is organized. (A photocomatic programment of the law of which it is organized.)	оруі	
	opyi ibmi	s not acceptable. If the certificate is in a foreign language, a text.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

2.	The name and the Florida street address of the registered agent and office are:	2004 SEP
	Corporation Service Company	AL P
	(Name)	2 PA
	1201 Hays Street	THE TOTAL
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	27 ATION ORIDA
	Tallahassee FL 32301	<i>O</i> *
	City/State/Zip	_

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By: (Signature)

Deborah D. Skipper

Asst. V. Pres.

1 The name of the Limited Liability Company is:

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PROLOGIS ALLAGASH GP LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTIETH DAY OF AUGUST, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROLOGIS ALLAGASH GP LLC" WAS FORMED ON THE SIXTEENTH DAY OF JULY, A.D. 2004.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.



Warriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 3323598

DATE: 08-30-04

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