

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB Number:

Expires: Estimated average burden hours per response ...

SEC USE ONLY						
Prefix Serial						
		l				
DATE RECEIVED						
		•				

Name of Offering (check if this is an ame ProLogis MX Fund LP	indment and name has	s changed, and	l indicate c	hange.)		
Filing Under (Check box(es) that apply):		05 ☑ Rule 50	6 🗆 Secti	on 4(6)	ULOE	
Type of Filing: ☑ New Filing ☐ Amendm	ent					07075983
	A. BAS	IC IDENTIF	ICATION	DATA		01010903
1. Enter the information requested about the	issuer					<u></u>
Name of Issuer (check if this is an amend	dment and name has c	hanged, and i	ndicate cha	inge.)		
ProLogis MX Fund LP						
Address of Executive Offices	(Nu	ımber and Str	eet, City, S	tate, Zip Coo	de) Telephone Numb	er (Including Area Code)
c/o ProLogis, 4545 Airport Way, Denver,	CO 80239				(303) 576-2740	
Address of Principal Business Operations	(Nu	ımber and Str	eet, City, S	tate, Zip Coo	de) Telephone Numb	er (Including Area Code)
(if different from Executive Offices)						
Brief Description of Business		•			12	
Investments in institutional quality indus	trial real estate asset	s throughout	Mexico			
Type of Business Organization					*	THUCESSED
□ corporation	☑ limited partnership	, already form	ed	☐ oth	er (please specify):	A 4
☐ business trust	☐ limited partnership	, to be formed	l			SEP 1 3 2007
		Month	Year			THOMSON
Actual or Estimated Date of Incorporation of	or Organization:	06	0 7	☑ Actual	☐ Estimated	FINANCIAL
Jurisdiction of Incorporation or Organizatio	n:	(Enter two	-letter U.S.	Postal Servi	ice abbreviation for St	ate:
<u> </u>		CN for Car	nada; FN f	or other forei	ign jurisdiction)	DE

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director General and/or Managing Partner Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Full Name (Last name first, if individual) ProLogis MX Fund GP LLC Business or Residence Address (Number and Street, City, State, Zip Code) c/o ProLogis, 4545 Airport Way, Denver, CO 80239 ☐ Executive Officer ☐ Director ☑ Promoter ☐ Beneficial Owner ☐ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual). **ProLogis** Business or Residence Address (Number and Street, City, State, Zip Code) 4545 Airport Way, Denver, CO 80239 Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Teacher Retirement System of Texas Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Red River Street, Austin, TX 78701-2698 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) CPP Investment Board Real Estate Holdings Inc. Business or Residence Address (Number and Street, City, State, Zip Code) One Queen Street East, Suite 2600, Toronto, Ontario M5C2W5, Canada □ Promoter ☑ Beneficial Owner □ Executive Officer ☐ Director ☐ General and/or Managing Partner Check Box(es) that Apply: Full Name (Last name first, if individual) Abu Dhabi Investment Authority Business or Residence Address (Number and Street, City, State, Zip Code) 211 Street 1, the Corniche, Abu Dhabi, united Arab Emirates ☐ Executive Officer ☐ General and/or Managing Partner Check Box(es) that Apply: □ Promoter ☑ Beneficial Owner □ Director Full Name (Last name first, if individual) Stichting Bedrijfstakpensioenfonds voor de Bouwnijverheid Business or Residence Address (Number and Street, City, State, Zip Code) c/o BPF Bouwinvest, La Guardiaweg 4, 1043 DG, Amsterdam, The Netherlands Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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	·				B. IN	FORMAT	TION ABO	UT OFFI	ERING					
													Yes	No
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									. 🗆	✓			
							mn 2, if fili	_						
2.	2. What is the minimum investment that will be accepted from any individual? (General Partner reserves the right to accept subscriptions for a lesser amount)													
													Yes	No
3.		• .	•	•	~									☑
4.	similar i is an ass broker o	remunerationsociated per	on for solic rson or age f more than	itation of p nt of a brol n five (5) pe	urchasers i cer or deale ersons to be	n connecti r registere	on with saled with the	les of secur SEC and/o	rities in the or with a sta	offering. ate or state	If a person s, list the n	ommission to be listed ame of the ay set forth	i	
Full Name	e (Last n	ame first, it	findividua!	1)										
M3 Capit	tal Partn	ers LLC												
		ence Addre	•			te, Zip Coo	de)							
One Nort	th Wack	er Drive, 9	th Floor, C	hicago, IL	. 60606						w			
Name of	Associate	ed Broker o	r Dealer											
States in '	Which Pe	erson Listex	l Has Solic	ited or Inte	nds to Soli	icit Purcha	sers						<u>.</u>	
(Che	eck "All S	States" or c	heck indivi	idual State	s)	************						AI		
	[AL]	[AK]☑	[AZ]☑	[AR]	[CA]☑	[CO]☑	[CT]☑	[DE]⊠	[DC]☑	(FL)⊠	[GA]☑	[HI]	[ID]☑	
	[IL]☑	[IN]☑	[[A]]	[KS]☑	[KY]	[LA]	[ME]	[MD]☑	[MA]Ø	(MI)☑	[MN] ☑	[MS]	[MO]Ø	
	[MT]	[NE]☑	[NV]☑	[NH]☑	[N]] ⊠	[MM]☑	[YY]☑	[NC]☑	[ND]	[ОН]⊠	[OK]	[OR]☑	[PA]☑	
	[RI]☑	[SC]	[SD]☑	[TN]☑	[TX]☑	[UT]⊠	[VT]	[VA]☑	[WA]☑	[WV]	[WI]Ø	[WY]☑	[PR]	
Full Nam	ie (Last n	ame first, it	f individual	1)										
Business	or Reside	ence Addre	ss (Numbe	r and Stree	t, City, Sta	te, Zip Co	đe)							
Name of	Associate	ed Broker o	r Dealer										-, -,	
States in '	Which Pe	rson Liste	1 Has Solic	ited or Inte	ends to Soli	icit Purcha	sers							
(Che	eck "All S	States" or c	heck indiv	idual State	s)	*****	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					🗆 Al	1 States	
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	(IN)	[AI]	(KS)	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[R!]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nam	e (Last n	ame first, i	findividua	l)										
Business	or Reside	ence Addre	ss (Numbe	r and Stree	t, City, Sta	te, Zip Co	de)							
Name of	Associate	ed Broker o	or Dealer											
		erson Liste		ited or Inte	ends to Soli	icit Purcha	sers							
		States" or c								********			ll States	
([AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	(PA]	
	[RII	(SC)	נמטו	(TN)	(TX)	[HTT]	rvm	(VA)	rwa1	rwvi	rwn	rwv1	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, if necessary.)

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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	lO(CEEDS			
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box 0 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security	(Aggregate Offering Price	Amount Alrea		
	Debt	\$	-0-	\$	-0-	
	Equity	<u> </u>	-0-	\$	-0-	
	☐ Common ☐ Preferred					
	Convertible Securities (including warrants)	<u>\$</u>	-0-	<u>\$</u>	-0-	
	Partnership Interests			\$	500,000,000	
	Other (Specify)			\$	-0	
	Total			\$	500,000,000	
	Answer also in Appendix, Column 3, if filing under ULOE.					
	who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Accredited Investors		Number Investors 9		Aggregate Pollar Amount of Purchases 500,000,000	
	Non-accredited Investors		0	e	0	
	Total (for filings under Rule 504 only)			<u>3</u>	-0- n/a	
	Answer also in Appendix, Column 4, if filing under ULOE.	_	<u>n/a</u>	<u>\$</u>	11/14	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1. Type of offering		Type of	Ι	Dollar Amount	
			Security		Sold	
	Rule 505			<u>\$</u>		
	Regulation A					
	Rules 504					
	Total	-		<u>\$</u>		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					

Transfer Agent's Fees. ☑ § -0-Printing and Engraving Costs...... ☑ § 20,000 750,000 800,000 -0-9,750,000 151,250 11,471,250

total ex issuer."	penses furnished in response to Pa	the aggregate offering price given in response at C - Question 4.a. This difference is the "adj	usted gross proceeds to th	ıc			<u>\$</u>	613	<u>,528,750</u>
5.	of the purposes shown. If the ar	e adjusted gross proceeds to the issuer used or mount of any purpose is not known, furnish an all of the payments listed must equal the adjust Question 4.b above.	estimate and check the b	ox to					
					D	ayments to Officers, birectors, & Affiliates			yments to Others
	Salaries and fees				<u>\$</u>	-0-		<u>\$</u>	-0-
	Purchase of real estate				<u>\$</u>	-0-	☑	\$ 6	13,528 <u>,750</u>
	Purchase, rental or leasing and i	nstallation of machinery and equipment			<u>\$</u>	-0-		<u>\$</u>	-0-
	Construction or leasing of plant	buildings and facilities			<u>\$</u>	-0-		<u>\$</u>	-0
		(including the value of securities involved in to securities of another issuer pursuant to a me			<u>\$</u>			\$	-0-
	Repayment of indebtedness				<u>\$</u>			<u>s</u>	-0-
	Working capital			🗆	<u>\$</u>			<u>\$</u>	-0-
	Other (specify):				\$	-0-		\$	-0-
	Column Totals				<u>\$</u>	-0-	Ø	\$ 6	13,528,750
	Total Payments Listed (column	totals added)				Ø <u>\$ 61</u>	3,528	<u>3,750</u>	
		D. FEDERAL SIGNA	TURE						
constitu	ates an undertaking by the issuer to	e signed by the undersigned duly authorized p furnish to the U.S. Securities and Exchange C ted investor pursuant to paragraph (b)(2) of Re	Commission, upon written	ed ui requ	nderl iesto	Rule 505, the f its staff, th	e info	wing rmati	signature ion
Issuer (Print of Type)	Signature	Date						
FroLog	gis MX Fund LP	David W. Man	Septer	nbei	• 5, 2	007			
Name o	of Signer (Print or Type)	Title of Signer (Print or Type)	J						•
David '	W. Grawemeyer	Senior Vice President of ProLog partner of the Issuer	gis, the sole member of F	roL	ogis l	MX Fund G	P LL	.C, th	ie general

END

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)