

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # M01000000190

1. Entity Name  
 SAFEGUARD OPERATIONS LLC



Principal Place of Business  
 111 VETERANS MEMORIAL BLVD., STE. 1150  
 METAIRIE, LA 70005

Mailing Address  
 111 VETERANS MEMORIAL BLVD., STE. 1150  
 METAIRIE, LA 70005



**DO NOT WRITE IN THIS SPACE**

02012005 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
 52-2288756 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**DO NOT WRITE IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
 NAME SAFEGUARD STORAGE PROPERTIES, LLC  
 STREET ADDRESS 111 VETERANS BLVD., STE 1150  
 CITY-ST-ZIP METAIRIE, LA 70005

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 04/27/05-80115-015 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-26-05

Date

504-939-8000

Daytime Phone #