


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # M01000000190

1. Entity Name
SAFEGUARD OPERATIONS LLC



Principal Place of Business Mailing Address

**111 VETERANS MEMORIAL BLVD., STE. 1150
 METAIRIE, LA 70005** **111 VETERANS MEMORIAL BLVD., STE. 1150
 METAIRIE, LA 70005**

DO NOT WRITE IN THIS SPACE



03302006 No Chg-LLC CR2E083 (11/05)

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**

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6. 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SAFEGUARD STORAGE PROPERTIES, LLC 111 VETERANS BLVD., STE 1150 METAIRIE, LA 70005 |
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 05/12/06-80064-024 55.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **DAVID A. O'FLYNN** **4-25-06** **504-838-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #