
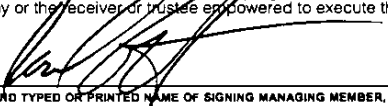


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90341 024 ****50.00

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	
2. Principal Place of Business - No P.O. Box # 3350 Peachtree Rd. NE, Suite, Apt. #, etc. Suite 1700		3. Mailing Address 3350 Peachtree Rd. NE, Suite, Apt. #, etc. Suite 1700	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30326	Country USA	Zip 30326	Country USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFEGUARD STORAGE PROPERTIES, LLC 111 VETERANS BLVD., STE 1150 METAIRIE, LA 70005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3350 Peachtree Rd. NE, Suite 1700 Atlanta, GA 30326 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 4/13/07 404-231-4000	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	