

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000180

1. Entity Name  
SDG PALM HARBOR HOLDING, L.L.C.

FILED

01 MAY -1 PM 5:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2. Principal Place of Business		3. Mailing Address		4. FEI Number 72-1463623		Applied For NOT APPLICABLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired		Additional Fee Required	
Zip	Country	Zip	Country	5. Certificate of Status Desired		Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER SAFEGUARD STORAGE PROPERTIES, L.L.C. 111 VETERANS BLVD STE 1150 METAIRIE LA 70005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: BRUCE C. ROCH, JR. 4-27-01/504-838-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0029766 AF

CR2E083 (11/00)