2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M0000000180

Entity Name

SDG PALM HARBOR HOLDING, L.L.C.

Principal Place of Business

Mailing Address

111 VETERANS MEMORIAL BLVD., STE. 1150 METAIRIE. LA 70005 111 VETERANS MEMORIAL BLVD., STE. 1150 METAIRIE, LA 70005 FILED Feb 04, 2004 08:00 AM Secretary of State



01132004 No Chg-LLC

CR2E083 (10/03)

4.	FEI Number				
	72-1465683				

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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			1111	INIS SPACE		
	named entity submits this statement for the purpose of char tions of registered agent.	nging its registered o	ffice or registered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Ago	ont signature required when reinstating)	DATE		
Fi D	iling Fee is \$50.00 ue by May 1, 2004			. <u>.</u>		
9.	MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MBR SAFEGUARD STORAGE PROPERTIES, LLC 111 VETERANS BLVD STE 1150 METAIRIE, LA 70005			Unnnnnn32346		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				U00000032346 02/04/04-80185-016 55.00		
TITLE NAME STREET ADDRESS CITY-SI-ZIP			DO NOT WRITE			
TITLE NAME STREET ADDRESS CITY-SY-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				مواجعات من حسورونونونونونونونون		

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:

NAME STREET ADDRESS CITY-ST-ZIP

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

1.29.04

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