2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED Apr 25, 2005 08:00 AM Secretary of State

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1. 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



02012005 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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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_			<u> = -,_ =</u>	<u> </u>			
Signature, typed or printed name of registered agent and title if applicable		(NOTE, Registered Agent signature required when reinstang)		DATE			
Fi D	iling Fee is \$50.00 ue by May 1, 2005						
9.	MANAGING MEMBERS/MANAGERS		· · · · · · · · · · · · · · · · · · ·				
TITLE NAME STREET ADDRESS CITY+ST+ZIP	MBR SAFEGUARD STORAGE PROPERTIES, LLC 111 VETERANS BLVD STE 1150 METAIRIE, LA 70005			U00000327564 N4/25/05-80042-023 55.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			114/25/05-80042-023 55.00				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	IN THIS SPACE				
TIPLE NAME STREET ADDRESS CITY-ST-ZIP							

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 affect as if made under oath, that I am a managing member or manager of the immited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-S1-21P

OR PRINTED HAME OF AGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4.40

504.838.8000

Daytme Phone #