

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 25 PM 8:20

DOCUMENT # M00000000180	
1. Entity Name SDG PALM HARBOR HOLDING, L.L.C.	

Principal Place of Business 111 VETERANS MEMORIAL BLVD., STE. 1150 METAIRIE, LA 70005 -	Mailing Address 111 VETERANS MEMORIAL BLVD., STE. 1150 METAIRIE, LA 70005 -
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2. Principal Place of Business - No P.O. Box # 3350 Peachtree Rd. NE Suite, Apt. #, etc. Suite 1700 City & State Atlanta, GA Zip 30326 Country USA	3. Mailing Address 3350 Peachtree Rd. NE Suite, Apt. #, etc. Suite 1700 City & State Atlanta, GA Zip 30326 Country USA
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04112008 REIN-LLC CR2E101 (1/07)

4. FEI Number 72-1465683	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$377.50 -
\$138.75**

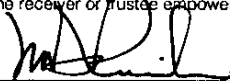
**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR SAFEGUARD STORAGE PROPERTIES, LLC ☐ Delete 111 VETERANS BLVD STE 1150 - METAIRIE, LA 70005 -	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR Safeguard Storage Properties, LLC ☒ Change ☐ Addition 3350 Peachtree Rd. NE Suite 1700 Atlanta, GA 30326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 400128785304 05/07/08--01046--008 **143.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 507137900599 05/02/07-90341-040 *55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT 2007-08

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 60B, Florida Statutes.

SIGNATURE:



Mark B. Rinder

4/18/08

404-264-7528

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

Date

Daytime Phone #