


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90341 027 ****50.00

DOCUMENT # M01000000191

1. Entity Name
SAFEGUARD PROPERTIES 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
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2. Principal Place of Business - No P.O. Box # 3350 Peachtree Rd. NE	3. Mailing Address 3350 Peachtree Rd. NE
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Suite, Apt. #, etc. suite 1700	Suite, Apt. #, etc. suite 1700
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City & State Atlanta, GA	City & State Atlanta, GA
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Zip 30326	Country	Zip 30326	Country
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03202007 Chg-LLC CR2E083 (12/06)

4. FEI Number 72-1493062	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> Additional Fee Required
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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
	State FL Zip Code

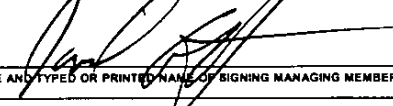
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFEGUARD STORAGE PROPERTIES, LLC 111 VETERANS BLVD, SUITE 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
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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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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #