2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000000192

1. Entity Name
SAFEGUARD GP LLC

Principal Place of Business	Mailing Address
111 VETERANS MEMORIAL BLVD., STE. 1150 METAIRIE, LA 70005	111 VETERANS MEMORIAL BLVD., STE. 1150 METAIRIE, LA 70005

DO NOT WRITE IN THIS SPACE

01132004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
72-1508728	Not Applicable

5. Certificate of Status Desired___ ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

DO NOT WRITE IN THIS SPACE

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
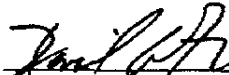
Filing Fee is $50.00
Due by May 1, 2004

U00000105349
04/07/04-80022-011 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAFEGUARD STORAGE PROPERTIES, LLC
STREET ADDRESS	111 VETERANS BLVD, SUITE 1150
CITY-ST-ZIP	METAIRIE, LA 70005

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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: _Paul Loft_   4-2-04   504-838-8000

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