


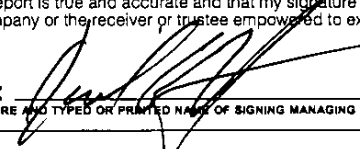
**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

05-02-2007 90341 028 \*\*\*\*50.00

40097773



<b>DOCUMENT # M01000000192</b>			
1. Entity Name <b>SAFEGUARD GP LLC</b>			
Principal Place of Business <b>111 VETERANS MEMORIAL BLVD., STE. 1150 METAIRIE, LA 70005</b>		Mailing Address <b>111 VETERANS MEMORIAL BLVD., STE. 1150 METAIRIE, LA 70005</b>	
2. Principal Place of Business - No P.O. Box # <b>3350 Peachtree Rd. NE</b>		3. Mailing Address <b>3350 Peachtree Rd. NE</b>	
Suite, Apt. #, etc. <b>Suite 1700</b>		Suite, Apt. #, etc. <b>Suite 1700</b>	
City & State <b>Atlanta, GA</b>		City & State <b>Atlanta, GA</b>	
Zip <b>30326</b>	Country <b>USA</b>	Zip <b>30326</b>	Country <b>USA</b>
4. FEI Number <b>72-1508728</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SAFEGUARD STORAGE PROPERTIES, LLC 111 VETERANS BLVD, SUITE 1150 METAIRIE, LA 70005</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3350 Peachtree Rd. NE Suite 1700 Atlanta, GA 30326</b>
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
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
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.			
<b>SIGNATURE:</b> 		<b>David A. O'Flynn</b> 4/13/07 404-234-4000 <small>Signature and typed or printed name of signing managing member, manager, or authorized representative Date Daytime Phone #</small>	