
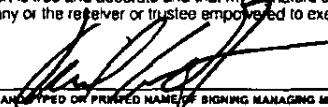


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/1

FILED
Jul 05, 2006 8:00 am
Secretary of State

05-01-2006 90049 047 ****55.00

| | | | | | |
|--|------------------------------|--|--|--|---|
| DOCUMENT # M01000000198 1. Entity Name SAFEGUARD STORAGE 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 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 72-1491769 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ (NOTE: Registered Agent signature required when renouncing) _____ DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | ROCH, BRUCE C JR | | NAME | BOC SAFEGUARD HOLDING LLC | |
| STREET ADDRESS | 111 VETERANS BLVD., STE 1150 | | STREET ADDRESS | 111 VETERANS BLVD., SUITE 1150 | |
| CITY-ST-ZIP | METAIRIE, LA 70005 | | CITY-ST-ZIP | METAIRIE, LA 70005 | |
| TITLE | MGRM | <input checked="" type="checkbox"/> Delete | TITLE | MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | CHANEY, JACK A | | NAME | JAC SAFEGUARD HOLDING LLC | |
| STREET ADDRESS | 111 VETERANS BLVD., STE 1150 | | STREET ADDRESS | 111 VETERANS BLVD., SUITE 1150 | |
| CITY-ST-ZIP | METAIRIE, LA 70005 | | CITY-ST-ZIP | METAIRIE, LA 70005 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | | | NAME | PPF SAFEGUARD LLC | |
| STREET ADDRESS | | | STREET ADDRESS | 3424 PEACETREE ROAD NE SUITE 800 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | ATLANTA, GA 30326 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | 4-28-06 504-838-8000 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____ | | | | | |

30011594



04272006 Chg-LLC CR2E083 (11/05)

DELETE
DELETE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2006

SAFEGUARD STORAGE PROPERTIES LLC
111 VETERANS MEMORIAL BLVD., STE. 1150
METAIRIE, LA 70005

Subject: **SAFEGUARD STORAGE PROPERTIES LLC**

Reference Number: **M01000000198**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE

ANNUAL REPORTS SECTION

ACCOUNTING
MAY 30 2006

P.O. BOX 6478 - Tallahassee, Florida 32314