


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000204

1. Entity Name
SAFEGUARD GP II 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 |
|--|--|

DO NOT WRITE IN THIS SPACE



02012005No Chg-LLC CR2E083 (10/03)

| | |
|--|---------------------------------------|
| 4. FEI Number 72-1508729 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2005**

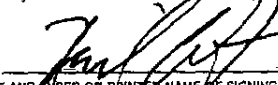
9. MANAGING MEMBERS/MANAGERS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SAFEGUARD STORAGE PROPERTIES, LLC 111 VETERANS BLVD, STE 1150 METAIRIE, LA 70005 |
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U00000336155
 04/27/05-80115-017 \$5.00

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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:  4-26-05 504-838-8000

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