


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-01-2006 90049 048 *****55.00

DOCUMENT # M04000000552 1. Entity Name SAFEGUARD PROPERTIES III LLC					
Principal Place of Business 111 VETERANS MEMORIAL BLVD STE 1150 METAIRIE, LA 70005 US			Mailing Address 111 VETERANS MEMORIAL BLVD STE 1150 METAIRIE, LA 70005 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0411140	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 reinstating) _____ 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM PRUDENTIAL REAL ESTATE COMPANIES FUND I LP 8 CAMPUS DR PARSIPPANY, NJ 07054 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SOLE MEMBER MGRM SAFEGUARD STORAGE PROPERTIES, LLC 111 VETERANS BLVD, SUITE 1150 METAIRIE, LA 70005 <input type="checkbox"/> Change <input checked="" 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	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			4-28-06 504-838-8000 <small>Date Daytime Phone #</small>		

30011593



04272006 Chg-LLC CR2E083 (11/05)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTACHMENT
30011593

May 11, 2006

SAFEGUARD PROPERTIES III LLC
111 VETERANS MEMORIAL BLVD
STE 1150
METAIRIE, LA 70005 US

Subject: SAFEGUARD PROPERTIES III LLC

Reference Number: M04000000552

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.

/JD

ANNUAL REPORTS SECTION

ACCOUNTING

MAY 30 2006

P.O. BOX 6478 - Tallahassee, Florida 32314