## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # M04000000601

SAFEGUARD PROPERTIES II LLC



Principal Place of Business

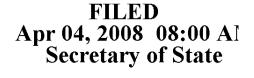
Mailing Address

3350 PEACHTREE RD NE STE 1700 ATLANTA, GA 30326

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STE 1700

ATLANTA, GA 30326





03282008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 20-0718521 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM** 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000881918 04/16/08-80020-003 143.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE SAFEGUARD STORAGE PROPERTIES, INC. NAME 3350 PEACHTREE RD NE STE 1700 STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30326 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE 315 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITL F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS 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:



Mark B. Rinder.

Chief Financial Officer

03/28/08

404-264-7528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Davime Phone #