2007 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

May 02, 2007 8:00 am Secretary of State ANNUAL REPORT 05-02-2007 90341 025 ****55.00 **DOCUMENT # M04000002807** 1. Entity Name SAFÉGUARD FLILLC 40001110 Principal Place of Business Mailing Address 111 VETERANS MEMORIAL BLVD., STE 1150 111 veterans memorial blvd., ste 1150 METARIE, LA 70005 METARIE, LA 70005 2. Principal Place of Business - No P.O. Box # Mailing Address 3350 Peachtree Rd. NE 3350 Peachtree Rd. NE Suite, Apt. #, etc. Suite, Apt, #, etc. 03202007 Chg-LLC CR2E083 (12/06) Suite 1700 Suite 1700 Applied For City & State City & State 4. FEI Number Atlanta, GA 20-1422466 Not Applicable Atlanta, GA Country \$5.00 Additional Country Zip 5. Certificate of Status Desired 30326 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGRM MGRM ☐ Change TITLE ☐ Addition TITLE Delete Safeguard Storage Properties LLC SAFEGUARD STORAGE PROPERTIES LLC NAME NAME STREET ADDRESS 111 VETERANS MEMORIAL BLVD., STE 1150 STREET ADDRESS 3350 Peachtree Rd. NE, Ste. 1700 CITY-ST-ZIP METARIE, LA 70005 CITY-ST-ZIP Atlanta, GA 30326 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition TITLE Delete TITLE 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 empowers and execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

David A. O'Flynn

4/13/07

Date

404-231-4000

Daytime Phone #

FILED