

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90341 025 ****55.00

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DOCUMENT # M04000002807			
1. Entity Name SAFEGUARD FL I LLC			
Principal Place of Business 111 VETERANS MEMORIAL BLVD., STE 1150 METARIE, LA 70005		Mailing Address 111 VETERANS MEMORIAL BLVD., STE 1150 METARIE, LA 70005	
2. Principal Place of Business - No P.O. Box # 3350 Peachtree Rd. NE		3. Mailing Address 3350 Peachtree Rd. NE	
Suite, Apt. #, etc. Suite 1700		Suite, Apt. #, etc. Suite 1700	
City & State Atlanta, GA		City & State Atlanta, GA	
Zip 30326	Country USA	Zip 30326	Country USA
4. FEI Number 20-1422466		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAFEGUARD STORAGE PROPERTIES LLC <input type="checkbox"/> Delete 111 VETERANS MEMORIAL BLVD., STE 1150 METARIE, LA 70005	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Safeguard Storage Properties LLC <input type="checkbox"/> Change <input type="checkbox"/> Addition 3350 Peachtree Rd. NE, Ste. 1700 Atlanta, GA 30326
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
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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:		David A. O'Flynn 4/13/07 404-231-4000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	