

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90085 001 ****55.00

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1. Entity Name
SAFEGUARD TRS LLC

Principal Place of Business
2711 CERNTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

Mailing Address
2711 CERNTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

60048409



2. Principal Place of Business
111 VETERANS BLVD

3. Mailing Address
111 VETERANS BLVD

Suite, Apt. #, etc.
1150

Suite, Apt. #, etc.
1150

City & State
METAIRIE LA

City & State
METAIRIE LA

Zip
70005

Country
USA

Zip
70005

Country
USA

06262006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-2859084

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SAFEGUARD STORAGE PROPERTIES LLC
111 VETERANS MEMORIAL BLVD., STE 1150
METAIRIE, LA 70005

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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☐ Change ☐ 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:

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

DAVID A. O'FLYNN

6.30.06 504.838.8020

Date

Daytime Phone #