

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2007 90341 026 ****55.00

DOCUMENT # M05000002687

1. Entity Name
SAFEGUARD TRS LLC



Principal Place of Business

**111 VETERANS BLVD
1150
METAIRIE, LA 70005**

Mailing Address

**111 VETERANS BLVD
1150
METAIRIE, LA 70005**

2. Principal Place of Business - No P.O. Box #

3350 Peachtree Rd. NE

Suite, Apt. #, etc.

Suite 1700

City & State

Atlanta, GA

Zip

30326

Country

USA

3. Mailing Address

3350 Peachtree Rd. NE

Suite, Apt. #, etc.

Suite 1700

City & State

Atlanta, GA

Zip

30326

Country

USA

03202007 Chg-LLC CR2E083 (12/06)

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 May 1, 2007**

**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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**3350 Peachtree Rd. NE Suite 1700
Atlanta, GA 30326**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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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

4/13/07

Date

404-231-4000

Daytime Phone #