

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077925

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** SCAFFOLDING MANUFACTURERS (USA), LLC

**Current Principal Place of Business:**

4802 51ST STREET WEST UNIT 1920  
BRADENTON, FL 34210

**New Principal Place of Business:**

1750 NORTH WASHINGTON BLVD  
SARASOTA, FL 34234

**Current Mailing Address:**

4802 51ST STREET WEST UNIT 1920  
BRADENTON, FL 34210

**New Mailing Address:**

1750 NORTH WASHINGTON BLVD  
SARASOTA, FL 34234

**FEI Number:** 98-0499996

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SILBERSTEIN, DAVID M  
720 SOUTH ORANGE AVE.  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

SILBERSTEIN, DAVID  
KIRK PINKERTON  
720 SOUTH ORANGE  
SARASOTA, FL 34236 US

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.

**SIGNATURE:** SUSAN CORRREIA-EASTON

04/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** EASTON, PETER  
**Address:** 4802 51ST STREET WEST UNIT 1920  
**City-St-Zip:** BRADENTON, FL 34210

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** EASTON, PETER  
**Address:** 1396 HARBOR DRIVE, HARBOR ACRES  
**City-St-Zip:** SARASOTA, FL 34239

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** PETER EASTON

CEO

04/28/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date