

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098042

FILED
Jan 09, 2007
Secretary of State

Entity Name: SCAFFOLDS ON DEMAND, LLC

Current Principal Place of Business:

5835 BLUE LAGOON DRIVE STE 300
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

5835 BLUE LAGOON DRIVE STE 300
MIAMI, FL 33126

New Mailing Address:

FEI Number: 20-5679036

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBELO, EDUARDO E
5835 BLUE LAGOON DRIVE STE 300
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBELO, EDUARDO R
Address: 5835 BLUE LAGOON DRIVE STE 300
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: ROBELO, ARNOLDO R
Address: 5835 BLUE LAGOON DRIVE STE 300
City-St-Zip: MIAMI, FL 33126

Title: MGR () Delete
Name: ROBELO, MICHAEL A
Address: 5835 BLUE LAGOON DRIVE STE 300
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROBELO, EDUARDO E
Address: 5835 BLUE LAGOON DRIVE STE 300
City-St-Zip: MIAMI, FL 33126

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDUARDO E. ROBELO

MGR

01/09/2007

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