

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000025453

FILED
Aug 09, 2006
Secretary of State

Entity Name: THE OPEN INVESTMENT GROUP, LLC

Current Principal Place of Business:

400 CAPITAL CIRCLE SE
18-160
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

11110 W OAKLAND PARK BLVD
SUITE 318
SUNRISE, FL 33351 US

Current Mailing Address:

400 CAPITAL CIRCLE SE
18-160
TALLAHASSEE, FL 32301 US

New Mailing Address:

FEI Number: 20-0084717 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARRISON, LINDA
8813 ANDORA DRIVE
MIRAMAR, FL 33025 US

Name and Address of New Registered Agent:

DUMORNE, DENNIS
11110 W OAKLAND PARK BLVD
SUNRISE, FL 33351 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: DENNIS DUMORNE

08/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCFARLANE, CORY C
Address: 400 CAPITAL CIRCLE SE #18-160
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MCFARLANE, CORY C
Address: 400 CAPITAL CIRCLE SE #18-160
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM () Change (X) Addition
Name: DUMORNE, DENNIS
Address: 11110 W OAKLAND PARK BLVD
City-St-Zip: SUNRISE, FL 33351

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: DENNIS DUMORNE

MGRM

08/09/2006

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