

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025453

**FILED**  
**Jan 24, 2007**  
**Secretary of State**

**Entity Name:** THE OPEN INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**FEI Number:** 20-0084717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUMORNE, DENNIS  
11110 W OAKLAND PARK BLVD  
SUNRISE, FL 33351 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: MCFARLANE, CORY C  
Address: 400 CAPITAL CIRCLE SE #18-160  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: MGRM  Delete  
Name: DUMORNE, DENNIS  
Address: 11110 W OAKLAND PARK BLVD  
City-St-Zip: SUNRISE, FL 33351

**ADDITIONS/CHANGES:**

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: DENNIS DUMORNE

MGMR

01/24/2007

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