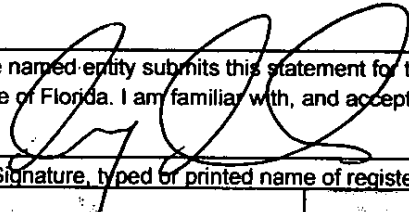
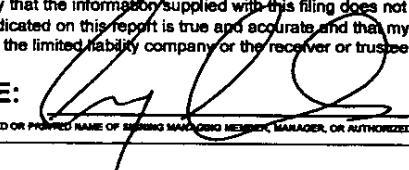


FILED
May 10, 2007 8:00 am
Secretary of State

05-10-2007 90423 012 ****50.00

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 1. Entity Name LOSC00011134 OPENDOOR LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 11305 MIGHTY OAK CT		3. Mailing Address Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State	
Zip 32821	Country	Zip	Country
4. FEI Number 47-0956990		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name LIVINGSTONE SAMUELS			
Street Address (P.O. Box Number is Not Acceptable) 11305 MIGHTY OAK COURT			
City ORLANDO		FL	Zip Code 32821
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.		DATE 04/30/2007	
FEE IS \$60.00 Make Check Payable to Department of State DUE BY MAY			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON SAMUELS 11305 MIGHTY OAK COURT ORLANDO, FL 32821	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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		Date 04/30/2007 877-610-5691 Daytime Phone #	

CR2E083B (12/02)