## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # M01000000865

SUMMERVILLE MANAGEMENT, LLC

Principal Place of Business\_

Mailing Address

3000 EXECUTIVE PKWY., STE. 530 SAN RAMON, CA 94583-4254

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02082005No Chg-LLC

CR2E083 (10/03)

**FILED** 

Feb 16, 2005 08:00 AM Secretary of State

4. FEI Number 68-0480051

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional M Fee Required

6. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC. 526 EAST PARK AVENUE, SUITE 200 TALLAHASSEE, FL 32301

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<ol><li>The above named entity submits this statement for the purpose of cha the obligations of registered agent</li></ol>	inging its registered office or registered agent, or both, in the	State of Florida. 1 am familiar with, and accept
SIGNATURE Signature, typed or privated name of registered agent and title if applicable	(NOTÉ, Rogistered Agent signature required when reinslating)	DATÉ
Filing Fee is \$50.00 Due by May 1, 2005		

9. MANAGING MEMBERS/MANAGERS TIFLE MGRM COBB, GRANGER NAME STREET ADDRESS 3000 EXECUTIVE PKWY, STE, 530 CITY-ST-ZIP SAN RAMON, CA 94583 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CLTY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIF NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U00000231845 02/16/05-80047-006 55.00

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11. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE