2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M07000006168

1. Entity Name
SOUTH W GOLF MANAGEMENT, LLC

Principal Place of Business	Mailing Address
8300 BOONE BLVD., SUITE 350 VIENNA, VA 22183	8300 BOONE BLVD., SUITE 350 VIENNA, VA 22183

DO NOT WRITE IN THIS SPACE

04182008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
26-1186309	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS / MANAGERS
TITLE	MGR
NAME	BILLY CASPER GOLF, LLC
STREET ADDRESS	8300 BOONE BLVD., SUITE 350
CITY-ST-ZIP	VIENNA, VA 22183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ JOSEPH D. LIVINGOOD 4/18/08 703-761-1444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #