

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

APR 30 2008 08:00 AM  
PLEASE RETURN CHECK TO SANDRA  
SECRETARY OF STATE

DOCUMENT # M07000006174

1. Entity Name

SUMMER C MANAGEMENT, LLC



Principal Place of Business

8300 BOONE BLVD., SUITE 350  
VIENNA, VA 22183

Mailing Address

8300 BOONE BLVD., SUITE 350  
VIENNA, VA 22183



04182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

26-1186270

Applied For

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	

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CITY-ST-ZIP	

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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:

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

JOSEPH D. LIVINGOOD

Date

Daytime Phone #

4/18/08 703-761-1444