

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 05, 2008 08:00 AM

DOCUMENT # M07000007184

1. Entity Name
MONARCH HIGHLANDS GOLF MANAGEMENT, LLC



Principal Place of Business
8300 BOONE BLVD., SUITE 350
VIENNA, VA 22182

Mailing Address
8300 BOONE BLVD., SUITE 350
VIENNA, VA 22182

DATE: 4/21/08
APPROVED BY: Sc
ACCOUNT CODE: 7086
PLEASE RETURN CHECK TO SANDRA



04182008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 26-1536771	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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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	MGRM
NAME	BILLY CASPER GOLF LLC
STREET ADDRESS	8300 BOONE BLVD., SUITE 350
CITY-ST-ZIP	VIENNA, VA 22182

TITLE	
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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

4/18/08

Date

703-761-1444

Daytime Phone #