

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000162

Entity Name: JAX GOLF MANAGEMENT, LLC**Current Principal Place of Business:**12700 SUNRISE VALLEY DRIVE
SUITE 300
RESTON, VA 20191**Current Mailing Address:**12700 SUNRISE VALLEY DRIVE
SUITE 300
RESTON, VA 20191 US**FEI Number:** 20-2077567**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	HILL, PETER M
Address	12700 SUNRISE VALLEY DRIVE SUITE 300
City-State-Zip:	RESTON VA 20191

Title	SECRETARY
Name	LIVINGOOD, JOSEPH D
Address	12700 SUNRISE VALLEY DRIVE SUITE 300
City-State-Zip:	RESTON VA 20191

Title	MANAGING MEMBER
Name	ANTARES GOLF, LLC
Address	12700 SUNRISE VALLEY DRIVE SUITE 300
City-State-Zip:	RESTON VA 20191

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER M. HILL

PRESIDENT

06/12/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date