2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005155

Entity Name: JACKSONVILLE JAGUARS, LLC

Current Principal Place of Business:

ONE EVERBANK FIELD DRIVE
JACKSONVILLE, FL 32202

Current Mailing Address:

ONE EVERBANK FIELD DRIVE
JACKSONVILLE, FL 32202

FEI Number: 27-1805561

FILED
Jan 18, 2019
Secretary of State
7639360797CC

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MANAGER
Name	KHAN, SHAHID R.
Address	4101 GULF SHORE BLVD NORTH PH #1
City-State-Zip:	NAPLES FL 34103-2911

Title	MEMBER
Name	THE SHAHID RAFIQ KHAN 2012 TRUST AGREEMENT F/B/O ANTONY RAFIQ KHAN, DATED OCTOBER 11, 2012
Address	ONE EVERBANK FIELD DRIVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	THE SHAHID RAFIQ KHAN ESBT FAMILY TRUST FOR THE BENEFIT OF ANTONY RAFIQ KHAN, DATED SEPTEMBER 18, 1995
Address	ONE EVERBANK FIELD DRIVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	THE SHAHID RAFIQ KHAN ESBT FAMILY TRUST FOR THE BENEFIT OF SHANNA KHAN, DATED SEPTEMBER 18, 1995
Address	ONE EVERBANK FIELD DRIVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	AUTHORIZED PERSON
Name	PAREKH, MEGHA
Address	ONE EVERBANK FIELD DRIVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	THE SHAHID RAFIQ KHAN 2012 TRUST AGREEMENT F/B/O SHANNA KHAN, DATED OCTOBER 11, 2012
Address	ONE EVERBANK FIELD DRIVE
City-State-Zip:	JACKSONVILLE FL 32202

Title	MEMBER
Name	THE SHAHID RAFIQ KHAN LIVING TRUST, DATED JULY 14, 1988, AS AMENDED
Address	ONE EVERBANK FIELD DRIVE
City-State-Zip:	JACKSONVILLE FL 32202

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: MEGHA PAREKH AUTHORIZED PERSON 01/18/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date