

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003435

Entity Name: TG ADMINISTRATION, LLC**Current Principal Place of Business:**15044 N SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85254**Current Mailing Address:**15044 N SCOTTSDALE ROAD, SUITE 300
SCOTTSDALE, AZ 85254 US**FEI Number:** 86-0942883**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 | MBR |
| Name | TROON GOLF, L.L.C. |
| Address | 15044 N SCOTTSDALE ROAD, SUITE 300 |
| City-State-Zip: | SCOTTSDALE AZ 85254 |

| | |
|-----------------|-------------------------------|
| Title | CFO |
| Name | ENGLE, RUTH E |
| Address | 15044 N SCOTTSDALE RD STE 300 |
| City-State-Zip: | SCOTTSDALE AZ 85254 |

| | |
|-----------------|---------------------------------|
| Title | CHIEF LEGAL OFFICER |
| Name | MCGRATH, JAY M |
| Address | 15044 N SCOTTSDALE RD SUITE 300 |
| City-State-Zip: | SCOTTSDALE AZ 85254 |

| | |
|-----------------|--------------------------------|
| Title | EVP |
| Name | HANSEN, JEFF |
| Address | 15044 N SCOTTSDALE RD, STE 300 |
| City-State-Zip: | SCOTTSDALE AZ 85254 |

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: JAY M MCGRATH**CHIEF LEGAL OFFICER****04/06/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date