2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DATE: FILED 3/13/07
APPROVED BY: SC
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PLEASE RETURN CHECK TO SANDRA

Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000000162

1. Entity Name
JAX GOLF MANAGEMENT, LLC

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

03152007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2077567
☐ 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

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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

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HILL, PETER M
STREET ADDRESS	8300 BOONE BLVD., SUITE 350
CITY-ST-ZIP	VIENNA, VA 22182
TITLE	MGRM
NAME	LIVINGOOD, JOSEPH D
STREET ADDRESS	8300 BOONE BLVD., SUITE 350
CITY-ST-ZIP	VIENNA, VA 22182
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/06/07-80013-007.50.00

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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: Joseph D. Livingood 3/15/07 703-761-1444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #