2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2008 8:00 am
Secretary of State
04-10-2008 90129 018 ***138.75

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DOCUMENT # L05000047275

1. Entity Name
OCHILTREE ASSOCIATES, LLC

30006068

Principal Place of Business	Mailing Address
2092 CROWN DRIVE ST. AUGUSTINE, FL 32092	2092 CROWN DRIVE ST. AUGUSTINE, FL 32092

01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2848190
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

OCHILTREE, ERIC J
2092 CROWN DRIVE
ST. AUGUSTINE, FL 32092

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	OCHILTREE, ERIC J
STREET ADDRESS	2092 CROWN DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	MGRM
NAME	OCHILTREE, SCOTT S
STREET ADDRESS	3024 FORT CAROLINE CT.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	MGRM
NAME	OCHILTREE, LEAH M
STREET ADDRESS	2092 CROWN DR
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	MGRM
NAME	OCHILTREE, THERESA M
STREET ADDRESS	3024 FORT CAROLINE CT
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Eric Ochiltree 5/5/08 904-501-4625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #