


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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| DOCUMENT # L05000058016 1. Entity Name OCHILTREE ASSOCIATES, CSG, LLC |  |
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| Principal Place of Business 114 ST. GEORGE STREET ST. AUGUSTINE, FL 32084 | Mailing Address 2092 CROWN DRIVE ST. AUGUSTINE, FL 32092 |
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01072008 No Chg-LLC

CR2E083 (12/07)

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| 4. FEI Number 20-2984245 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent SCOTT & SHEPPARD, P.A. 99 ORANGE STREET ST. AUGUSTINE, FL 32084 |
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**DO NOT WRITE
IN THIS SPACE**

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: ERIC J. OCHILTREE Eric J. Ochiltree MGRM 3/27/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

U00000876342
04/11/08-80069-007 138.75

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OCHILTREE, ERIC J 2092 CROWN DR SAINT AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM OCHILTREE, SCOTT S 3024 FORT CAROLINE CT SAINT AUGUSTINE, FL 32092 |
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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: Eric J. Ochiltree ERIC J. OCHILTREE 3/27/08 904-501-4625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #