

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058016

FILED  
Mar 19, 2009  
Secretary of State

**Entity Name:** OCHILTREE ASSOCIATES, CSG, LLC

**Current Principal Place of Business:**

114 ST. GEORGE STREET  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

2092 CROWN DRIVE  
ST. AUGUSTINE, FL 32092

**New Mailing Address:**

**FEI Number:** 20-2984245

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT & SHEPPARD, P.A.  
99 ORANGE STREET  
ST. AUGUSTINE, FL 32084 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: OCHILTREE, ERIC J  
Address: 2092 CROWN DR  
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM ( ) Delete  
Name: OCHILTREE, SCOTT S  
Address: 3024 FORT CAROLINE CT  
City-St-Zip: SAINT AUGUSTINE, FL 32092

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ERIC J OCHILTREE

MGRM

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date