2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000023774

Address:

City-St-Zip:

Entity Name: OCHILTREE ASSOCIATES, JJS, LLC

FILED Apr 09, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:		
61 TREASURY DRIVE ST. AUGUSTINE, FL				
Current Mailing Address:		New Mailing Address:		
2092 CROWN DRIVE ST. AUGUSTINE, FL	32092			
FEI Number: 20-4675921	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and	Name and Address of New Registered Agent:	
SHEPPARD, SEAN P C/O SHEPPARD & SH 1301 PLANTAION ISL ST. AUGUSTINE, FL	HEPPARD, P.A. AND DRIVE SOUTH, STE.204			
The above named enti in the State of Florida.	ty submits this statement for the p	ourpose of changing i	ts registered office or registered agent, or bo	th
SIGNATURE:				
Elect	ronic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/0	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	MGRM () Change (X) Addition OCHILTREE, ERIC J 2092 CROWN DRIVE SAINT AUGUSTINE, FL 32092	
Title: Name:	() Delete	Title: Name:	MGRM () Change (X) Addition OCHILTREE, SCOTT S	

Address:

3024 FORT CAROLINE CT

City-St-Zip: SAINT AUGUSTINE, FL 32092

I hereby certify that the information supplied with this filing does not qualify for the 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 04/09/2007