

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DOCUMENT # L06000023774**

1. Entity Name  
**OCHILTREE ASSOCIATES, JJS, LLC**



Principal Place of Business  
**61 TREASURY DRIVE  
ST. AUGUSTINE, FL 32084**

Mailing Address  
**2092 CROWN DRIVE  
ST. AUGUSTINE, FL 32092**



01072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-4675921**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SHEPPARD, SEAN P ESQ.  
C/O SHEPPARD & SHEPPARD, P.A.  
1301 PLANTATION ISLAND DRIVE SOUTH, STE.204  
ST. AUGUSTINE, FL 32080**

**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, printed 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**

U000000876340  
04/11/08-80069-006 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OCHILTREE, ERIC J  
2092 CROWN DRIVE  
SAINT AUGUSTINE, FL 32092**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
OCHILTREE, SCOTT S  
3024 FORT CAROLINE CT  
SAINT AUGUSTINE, FL 32092**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 #