


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000015785 1. Entity Name ONCO PROPERTIES, L.L.C.	
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Principal Place of Business 1024 MAR WALT DRIVE FORT WALTON BEACH, FL 32547	Mailing Address 1024 MAR WALT DRIVE FORT WALTON BEACH, FL 32547
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DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 43-1965479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MCINNIS, C. JEFFREY 909 MAR WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547

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

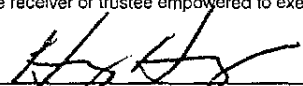
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CHANG, MING-CHEN M.D. 4171 MADURA DRIVE GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HSIANG, HARVEY Y 1558 GLENLAKE CIRCLE NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HSIANG, YUNHUI H 4489 WOODBRIDGE ROAD NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/21/05-80071-003 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/16/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #