


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 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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01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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
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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

U00000620496
02/09/07-80040-008 50.00

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	

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/2/07

850 863 3148