

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000030909

Entity Name: BANCCA.ORG, LLC

FILED
Apr 15, 2005
Secretary of State

Current Principal Place of Business:

9409 SW 81ST WAY
GAINESVILLE, FL 32608

New Principal Place of Business:

Current Mailing Address:

9409 SW 81ST WAY
GAINESVILLE, FL 32608

New Mailing Address:

P.O. BOX 142998
GAINESVILLE, FL 32614

FEI Number: 22-3880241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRAGER, JOSEPH
9409 SW 81ST WAY
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

PRAGER, JOSEPH
P.O. BOX 142998
GAINESVILLE, FL 32614 US

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: JOSEPH S. PRAGER

04/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: PRAGER, JOSEPH
Address: 9409 SW 81ST WAY
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM () Delete
Name: PRAGER, ROSANNE
Address: 9409 SW 81ST WAY
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PRAGER, JOSEPH
Address: P.O. BOX 142998
City-St-Zip: GAINESVILLE, FL 32614

Title: MGRM (X) Change () Addition
Name: PRAGER, ROSANNE
Address: P.O. BOX 142998
City-St-Zip: GAINESVILLE, FL 32614

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH S PRAGER

MGRM

04/15/2005

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