## 2002 UNIFORM BUSINESS REPORT (UBR)

## A97000000754 DOCUMENT # FILED 1. Entity Name NORTH BROWARD PREPARATORY SCHOOLS, LTD. 02 APR 30 PM 4: 22 SECRETARY OF STATE TALLAHASSEE FLORIDA Mailing Address Principal Place of Business 1600 WEST COMMERCIAL BLVD. 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2002** Applied For City & State City & State 4. FEI Number 65-0827147 Not Applicable Zio Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CAMILLO, JOHN M Street Address (P.O. Box Number is Not Acceptable) 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE FL 33309 Zip Code City FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 9. Capital Contributions \$5,000,000.00 SEE REVERSE SIDE FOR FEE INFORMATION 000 as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. L95000000398 DOCUMENT # STREET ADDRESS NORTH BROWARD PREPARATORY SCHOOLS, L.C. NAME 1600 WEST COMMERCIAL BLVD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP 05/13/02--01012--003 DOCUMENT # STREET ADDRESS 20 NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # -STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

4/3/02 954 493 6565 Date Daytime Phone #

SIGNATURE:

CR2E003 (9/01)