


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A97000000754**

1. Entity Name  
**NORTH BROWARD PREPARATORY SCHOOLS, LTD.**




Principal Place of Business  
**1600 WEST COMMERCIAL BLVD.  
 FORT LAUDERDALE, FL 33309**

Mailing Address  
**1600 WEST COMMERCIAL BLVD.  
 FORT LAUDERDALE, FL 33309**

2. Principal Place of Business  
 Suite, Apt #, etc.

3. Mailing Address  
 Suite, Apt #, etc.

City & State  
 Zip Country



03052004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**65-0827147** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CAMILLO, JOHN M  
 1600 WEST COMMERCIAL BLVD.  
 FORT LAUDERDALE, FL 33309**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$5,000,000**

**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>L95000000398 NORTH BROWARD PREPARATORY SCHOOLS, L.C. 1600 WEST COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309</b>	STREET ADDRESS CITY - ST - ZIP	<b>UN0000135908 04/29/04-80004-012 526.25</b>
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

SIGNATURE:  **Bill Spruce** 4/1/04 934 493 6865

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #