

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 FEB -7 AM 10:16

DOCUMENT # A97000000754

1. Entity Name
NORTH BROWARD PREPARATORY SCHOOLS, LTD.



Principal Place of Business
3000 W. CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309

Mailing Address
3000 W. CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE



01052007 No Chg-LP

CR2E003 (12/06)

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

GORDON, STACY
3000 W. CYPRESS CREEK RD.
FORT LAUDERDALE, FL 33309

**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.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # L95000000398
NAME NORTH BROWARD PREPARATORY SCHOOLS, L.C.
STREET ADDRESS 3000 W. CYPRESS CREEK RD.
CITY-ST-ZIP FORT LAUDERDALE, FL 33309

DOCUMENT #
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000087872690
02/09/07--01045--005 **\$500.00

**DO NOT WRITE
IN THIS SPACE**

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE