


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 98 MAY -4 PM 4: 09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>FILING FEE</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>\$ 188.75</b>	<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>

1. Name and Mailing Address of Limited Liability Company	<b>DOCUMENT # L95000000398</b>
NORTH BROWARD PREPARATORY SCHOOLS, L.C. 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	

1a. Principal Place of Business Address
1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309

2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

3. Date Organized or Qualified	3a. State of Formation
05/22/1995	FL
4. FEI Number	<input type="checkbox"/> Applied For
65-0586106	<input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired
05/01/1997	<input type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
CAMILLO, JOHN M ESQ. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309

8. Name and Address of New Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

800002513668--2  
 -05/05/98--01074--020  
 \*\*\*\*108.75 \*\*\*\*188.75  
**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	MORGAMAN, PHILIP E	1600 W. COMMERCIAL BLVD.	FT. LAUDERDALE FL
MEM	MORGAMAN, SANDRA A	1600 W. COMMERCIAL BLVD.	FT. LAUDERDALE FL
MEM	PHILIP E. MORGAMAN, AS	1600 W. COMMERCIAL BLVD.	FT. LAUDERDALE FL
MEM	PREPARATORY SCHOOLS MA	1600 W. COMMERCIAL BLVD.	FT. LAUDERDALE FL
MEM	FLORIDA PREPARATORY SC	1600 W. COMMERCIAL BLVD.	FT. LAUDERDALE FL
MEM	SPRUCE, WILLIAM D	1600 W. COMMERCIAL BLVD.	FT. LAUDERDALE FL

WSS

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:  **WILLIAM SPRUCE, Manager** 4/28/98 (954) 493-6565  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #