

2001 UNIFORM BUSINESS REPORT (UBR)

0012057 AF

DOCUMENT # L95000000398	
1. Entity Name NORTH BROWARD PREPARATORY SCHOOLS, L.C.	
Principal Place of Business 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309	Mailing Address 1600 WEST COMMERCIAL BLVD. FT. LAUDERDALE FL 33309
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
4. FEI Number 65-0586106 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CAMILLO, JOHN M ESQ. 1600 W. COMMERCIAL BLVD. FT. 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	

FILED
01 MAY 16 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

900004416159--5
-05/12/01--01065--018
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORGAMAN, PHILIP E 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MORGAMAN, SANDRA A 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PHILIP E. MORGAMAN, AS TRUSTEE 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM PREPARATORY SCHOOLS MANAGEMENT, INC. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM FLORIDA PREPARATORY SCHOOLS, LTD. 1600 W. COMMERCIAL BLVD. FT. LAUDERDALE FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: X *William Spruce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)