

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90579 021 \*\*\*\*50.00

DOCUMENT # L95020000398  
1. Entity Name  
North Broward Preparatory Schools, L.C.

**DO NOT WRITE IN THIS SPACE**

957380

2. Principal Place of Business <u>1600 W. Commercial Blvd</u>		3. Mailing Address <u>Same</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>Fort Lauderdale FL</u>		City & State	
Zip <u>33309</u>	Country <u>USA</u>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-0586106</u>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>John Camillo</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1600 W. Commercial Blvd</u>
City <u>Fort Lauderdale</u> <b>FL</b> Zip Code <u>33309</u>

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] John Camillo DATE 4/10/02

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Attached</u>
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IN THIS SPACE**

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: [Signature] William D. Spivee DATE 4/13/02 Daytime Phone # 954 493 6565

CR2E083B (12/01)

Attachment  
957380

NORTH BROWARD PREPARATORY SCHOOLS, LC.

# L9500000348

ADDITIONAL DIRECTORS AND OFFICERS:

Title: MGRM  
Name: Philip Morgaman  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: MEM  
Name: Sandra Morgaman  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: MEM  
Name: Philip E. Morgaman, as Trustee  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: MEM  
Name: Preparatory Schools Management, Inc.  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309

Title: MEM  
Name: Florida Preparatory Schools, Ltd.  
Street Address: 1600 W. Commercial Blvd.  
City-St-Zip: Ft. Lauderdale, Florida 33309