



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90021 049 ****50.00

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DOCUMENT # L95000000398					
1. Entity Name NORTH BROWARD PREPARATORY SCHOOLS, L.C.					
Principal Place of Business 3000 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309			Mailing Address 3000 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0586106	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GORDON, STACY 3000 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MORGAMAN, PHILIP E	NAME	Stephenson, Marc		
STREET ADDRESS	3000 W. CYPRESS CREEK RD.	STREET ADDRESS	3000 Cypress Creek Road		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	CITY-ST-ZIP	Fort Lauderdale, FL 33309		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	TASLITZ, STEVEN	NAME	Becker, Doug		
STREET ADDRESS	3000 W. CYPRESS CREEK RD.	STREET ADDRESS	100 Fleet Street		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	CITY-ST-ZIP	Baltimore, MD 21202		
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STEINBERG, MARK	NAME	Arrechea, Javier		
STREET ADDRESS	3000 W. CYPRESS CREEK RD.	STREET ADDRESS	Torres Platino TA-HB Paseo de Tamarindos		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	CITY-ST-ZIP	Mexico DF 11700 Mexico		
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE	MGRM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	ALPHONSE, PHIL	NAME	Cohen, Neal		
STREET ADDRESS	3000 W. CYPRESS CREEK RD.	STREET ADDRESS	3275 Robinson Bay Road		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	CITY-ST-ZIP	Deephaven, MN 55391		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date	Daytime Phone #