

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000398

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: NORTH BROWARD PREPARATORY SCHOOLS, L.C.

**Current Principal Place of Business:**

3000 W. CYPRESS CREEK RD.  
FT. LAUDERDALE, FL 33309

**New Principal Place of Business:**

**Current Mailing Address:**

3000 W. CYPRESS CREEK RD.  
FT. LAUDERDALE, FL 33309

**New Mailing Address:**

FEI Number: 65-0586106      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MORGAMAN, PHILIP E  
Address: 3000 W. CYPRESS CREEK RD.  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM (X) Delete  
Name: TASLITZ, STEVEN  
Address: 3000 W. CYPRESS CREEK RD.  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: MGRM (X) Delete  
Name: ARRECHEA, JAVIER  
Address: TORRES PLATINO TA-NB POSA TANARIDOS  
City-St-Zip: MEXICO DF 11700, MX

Title: MGRM (X) Delete  
Name: COHEN, NEAL  
Address: 3275 ROBINSON BAY RD  
City-St-Zip: WAYZATA, MN 55391

Title: MGRM (X) Delete  
Name: STEPHENSON, MARC  
Address: 3000 CYPRESS CREEK RD  
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGRM (X) Delete  
Name: BECKER, DOUG  
Address: 100 FLEET ST  
City-St-Zip: BALTIMORE, MD 21202

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NBP SCHOOLS, LLC,  
Address: 3000 W. CYPRESS CREEK RD.  
City-St-Zip: FT. LAUDERDALE, FL 33309

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STACY L GORDON

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04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date