


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0024398

DOCUMENT # L95000000398

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



FILED
03 APR -3 PM 5:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

**1600 WEST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309** **1600 WEST COMMERCIAL BLVD.
FT. LAUDERDALE FL 33309**



CHECK HERE IF MAKING CHANGES

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 **\$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

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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
400015290374 04/03/03--01046--019 **50.00	
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"/> Change <input type="checkbox"/> Addition
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"/> 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: _____ **SIGNATURE REQUIRED** Date: **4/2/03** Daytime Phone #: **954 493 6566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)