2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 06, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000000092

1. Entity Name
CAMPLIFE, LTD.

Principal Place of Business	Mailing Address
3000 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309	3000 W. CYPRESS CREEK RD. FT. LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

02022006 No Chg-LP CR2E003 (11/05)

4. FEI Number
65-0800972
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

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05/10/06-80072-016 500.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	A97000000754
NAME	NORTH BROWARD PREPARATORY SCHOOLS, LTD.
STREET ADDRESS	3000 W. CYPRESS CREEK RD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
DOCUMENT #	
NAME	
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DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #