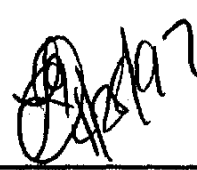


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		Sandra B. Mortham	
1997		Secretary of State	
		DIVISION OF CORPORATIONS	
<b>FILING FEE</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee	
\$ 203.75		Make Check Payable To: FLORIDA DEPARTMENT OF STATE	
1. Name and Mailing Address of Limited Liability Company		DOCUMENT #L96000000705	
GRANDVIEW PREPARATORY SCHOOL, L.C. 336 SPANISH RIVER BLVD NW BOCA RATON FL 33431		1a. Principal Place of Business Address 336 SPANISH RIVER BLVD NW BOCA RATON FL 33431	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.			
2. Principal Place of Business		2a. Mailing Address	
SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
DECLAIRE, GEORGE F ESQ 798 S FEDERAL HWY, SUITE 200 BOCA RATON FL 33429		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstalling)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	EHLERS, GENE M	484 MAYA PALM DR	BOCA RATON FL
			000002162530--6 -05/01/97--01108--015 ****203.75 ****203.75 
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		2-19-97 561-394-0695	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date	Daytime Phone #