


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-28-2006 90025 042 ****50.00

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DOCUMENT # M05000001153 1. Entity Name NBP SCHOOLS, LLC			
Principal Place of Business 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33309-3012		Mailing Address 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 33309-3012	
2. Principal Place of Business 3000 W. Cypress Creek Rd Suite, Apt. #, etc.		3. Mailing Address 3000 W. Cypress Creek Rd Suite, Apt. #, etc.	
City & State Fort Lauderdale FL Zip Country 33309 -		City & State Fort Lauderdale, FL Zip Country 33309	
4. FEI Number 20-2418651		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name <u>Stacy Gordon</u> Street Address (P.O. Box Number is Not Acceptable) <u>3000 Cypress Creek Rd</u> City <u>Fort Lauderdale</u> <u>FL</u> Zip Code <u>33309</u>	
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 <u>Stacy Gordon</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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 NAME STREET ADDRESS CITY - ST - ZIP	MGR TASLITZ, STEVEN 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WIPPMAN, TOM 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORGAMAN, PHILIP 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEPHENSON, MARK 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ALPHONSE, PHILLIP 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Cohen, Neal 3275 Robinson Bay Road Deephaven, MN 55391	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			
<small>Date</small>		<small>Daytime Phone #</small>	