


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**20038559**



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		City & State Fort Lauderdale, FL	
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: Stacy Gordon Street Address (P.O. Box Number is Not Acceptable): 3000 Cypress Creek Rd City: Fort Lauderdale FL Zip Code: 33309	
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: <i>Stacy Gordon</i>		DATE: _____	
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Becker, Doug 100 Fleet Street Baltimore, Md 21202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MORGAMAN, PHILIP 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Arrechea, Javier Torres Platino TA-HB Paseo de Tamarindos MEXICO DF 11700 MEXICO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <i>[Signature]</i>		Date _____ Daytime Phone # _____	