

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90195 024 ****50.00

DOCUMENT # M05000001153

1. Entity Name
NBP SCHOOLS, LLC



Principal Place of Business
3000 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

Mailing Address
3000 WEST CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

60012927



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2418651

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORDON, STACY
3000 CYPRESS CREEK RD
FORT LAUDERDALE, FL 33309

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TASLITZ, STEVEN 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BECKER, DOUG 100 FLEET ST BALTIMORE, MD 21202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MORGAMAN, PHILIP 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STEPHENSON, MARK 1600 WEST COMMERCIAL BOULEVARD FORT LAUDERDALE, FL 333093012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ARRECHEA, JAVIER TORRES PLATINO TA-HB PASCEODE TAMARINDAS MEXICO DF MEXICO, 11700
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, NEAL 3275 ROBINSON BAY RD DEEPHAVEN, MN 55391

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/15/07

Date

Daytime Phone # _____