2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011286

1. Entity Name
FIRELIGHT MEADOWS, LLC

Principal Place of Business	Mailing Address
% ROBERT MARC SCHWARTZ. P.A.	% ROBERT MARC SCHWARTZ. P.A.
102 NORTH SWINTON AVENUE	102 NORTH SWINTON AVENUE
DELRAY BEACH FL 33444-2634	DELRAY BEACH FL 33444-2634

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

4. FEI Number
65-1043199
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHWARTZ, ROBERT M 102 NORTH SWINTON AVENUE DELRAY BEACH FL 33444-2634	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

500003888775---3
-03/20/01--01092--016
*****55.00   *****55.00

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES
TITLE P NAME PARISER, PAUL S STREET ADDRESS PO BOX 160278 N/A CITY-ST-ZIP BIG SKY, MT 59716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE VPST NAME REID, LUCIE S STREET ADDRESS PO BOX 160278 N/A CITY-ST-ZIP BIG SKY, MT 59716 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _Paul S. Pariser_ 2/25/01 (406) 995-4181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #
managing member

CR2E083 (11/00)