2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO-NOT-WRITE-IN-THIS-SPACE

DOCUMENT # L00000011286

1. Entity Name

FIRELIGHT MEADOWS, LLC



Principal Place of Business

% ROBERT MARC SCHWARTZ, P.A. 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2634 Mailing Address

% ROBERT MARC SCHWARTZ, P.A. 102 NORTH SWINTON AVENUE DELRAY BEACH, FL 33444-2634

FILED Feb 25, 2005 8:00 am Secretary of State

02-25-2005 90023 033 ****55.00



02102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1043990 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHWARTZ, ROBERT M 102 NORTH SWINTON AVENUE DELRAY BEACH; FL 33444-2634

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8. The above the obligat	named entity submits this statement for the purpose of changing its registere ions of registered agent.	d office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered	Agent signature required when reinstating) DATE
	iling Fee is \$50.00 ue by May 1, 2005	
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARISER, PAUL S P.O. BOX 1602787538 BIG SKY, MT 59716 Delray Beach 4133482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST - REID, LUCIE S P.O. BOX 160270- 7538 BIG SKY, MT 50716- Del ray Beach 4L 33482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAUS PANIGEN PNES	
11. I hereby indicated	certify that the information supplied with this filing does not qualify for the exer on this report is true and accurate and that my signature shall have the same	nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information legal effect as if made under oath; that I am a managing member or manager of the