


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90019 022 ****55.00

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
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2. Principal Place of Business 4700 NW BOCA RATON BLVD.	3. Mailing Address 4700 NW BOCA RATON BLVD
Suite, Apt. #, etc. SUITE 104	Suite, Apt. #, etc. SUITE 104

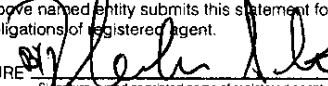
03272006 Chg-LLC CR2E083 (11/05)

City & State BOCA RATON FL	City & State BOCA RATON, FL
Zip 33431-4860 Country USA	Zip 33431-4860 Country USA

4. FEI Number 65-1043990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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

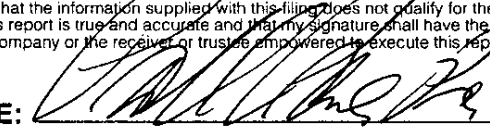
7. Name and Address of New Registered Agent Name Robert Marc Schwartz, P.A. Street Address (P.O. Box Number is Not Acceptable) 4700 NW BOCA RATON BOULEVARD SUITE 104 City BOCA RATON FL Zip Code 33431-4860
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8. The above named entity submits this statement 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  Robert M. Schwartz Pres DATE 4/15/06
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Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARISER, PAUL S P.O. BOX 7538 DELRAY BEACH, FL 33482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST REID, LUCIE S P.O. BOX 7538 DELRAY BEACH, FL 33482 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 	Date 3/29/06 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	