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May 27, 2008 8:00 am
Secretary of State
04-21-2008 90314 044 ***143.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L00000011286

1. Entity Name
FIRELIGHT MEADOWS, LLC

Principal Place of Business	Mailing Address
4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431-4860 US	4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431-4860 US

DO NOT WRITE IN THIS SPACE

03032008 No Chg-LLC CR2E083 (12/07)

4. FD 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
4700 NW BOCA RATON BOULEVARD
SUITE 104
BOCA RATON, FL 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when changing)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	PARISER, PAUL S
STREET ADDRESS	P.O. BOX 7538
CITY-ST-ZIP	DELRAY BEACH, FL 33482
TITLE	VP
NAME	PARISER, BENJAMIN S
STREET ADDRESS	P.O. BOX 7538
CITY-ST-ZIP	DELRAY BEACH, FL 33482
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 5/19/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #