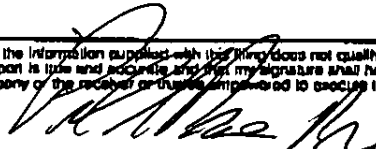


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-21-2008 90314 044 ***143.75

DOCUMENT # L00000011286																																		
1. Entity Name FIRELIGHT MEADOWS, LLC																																		
Principal Place of Business 4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431-4860 US		Mailing Address 4700 NW BOCA RATON BLVD. SUITE 104 BOCA RATON, FL 33431-4860 US																																
DO NOT WRITE IN THIS SPACE																																		
6. Name and Address of Current Registered Agent SCHWARTZ, ROBERT M 4700 NW BOCA RATON BOULEVARD SUITE 104 BOCA RATON, FL 33431-4860		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 representing)																																		
FILE NOW! FEE IS \$138.75 After May 4, 2008 Fee will be \$538.75																																		
9. MANAGING MEMBERS/MANAGERS <table border="1"> <tr> <td>TITLE</td> <td>P</td> </tr> <tr> <td>NAME</td> <td>PARISER, PAUL S</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 7538</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>DELRAY BEACH, FL 33482</td> </tr> <tr> <td>TITLE</td> <td>VP</td> </tr> <tr> <td>NAME</td> <td>PARISER, BENJAMIN S</td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. BOX 7538</td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td>DELRAY BEACH, FL 33482</td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> </tr> <tr> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-STATE-ZIP</td> <td></td> </tr> </table>		TITLE	P	NAME	PARISER, PAUL S	STREET ADDRESS	P.O. BOX 7538	CITY-STATE-ZIP	DELRAY BEACH, FL 33482	TITLE	VP	NAME	PARISER, BENJAMIN S	STREET ADDRESS	P.O. BOX 7538	CITY-STATE-ZIP	DELRAY BEACH, FL 33482	TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		TITLE		NAME		STREET ADDRESS		CITY-STATE-ZIP		DO NOT WRITE IN THIS SPACE
TITLE	P																																	
NAME	PARISER, PAUL S																																	
STREET ADDRESS	P.O. BOX 7538																																	
CITY-STATE-ZIP	DELRAY BEACH, FL 33482																																	
TITLE	VP																																	
NAME	PARISER, BENJAMIN S																																	
STREET ADDRESS	P.O. BOX 7538																																	
CITY-STATE-ZIP	DELRAY BEACH, FL 33482																																	
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-STATE-ZIP																																		
TITLE																																		
NAME																																		
STREET ADDRESS																																		
CITY-STATE-ZIP																																		
11. I hereby certify that the information supplied with this filing does not qualify for the descriptions 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 prepare this report as required by Chapter 608, Florida Statutes.																																		
SIGNATURE:  5/19/08																																		