

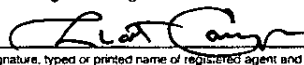
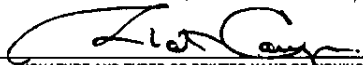


FILED

2007 MAR -5 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P04000114360</b>				<b>2007 MAR -5 PM 2:41</b>	
1. Entity Name <b>LONG SHADOW INN, INC.</b>				<b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>2275 NEBRASKA AVENUE PALM HARBOR, FL 34683 US</b>		Mailing Address <b>9300 REGENCY PARK BOULEVARD PORT RICHEY, FL 34668-5023 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2275 Nebraska Ave.</b>		02282007 REIN-P CR2E098 (1/07)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>20-1458733</b>	
City & State <b>Palm Harbor, FL</b>		City & State <b>Palm Harbor, FL</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>34683</b>	Country <b>USA</b>	Zip <b>34683</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>HENNESSY FINANCIAL GROUP, INC. 9300 REGENCY PARK BOULEVARD PORT RICHEY, FL 34668-5023</b>				7. Name and Address of New Registered Agent Name <b>ZLATA CAMPARA</b> Street Address (P.O. Box Number is Not Acceptable) <b>2889 DRYER AVE.</b> City <b>LARGO</b> FL Zip Code <b>33770</b>	
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 		(NOTE: Registered Agent signature required when reinstating)		DATE <b>2/28/07</b>	
<b>FILE NOW!!! FEE IS \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CAMPARA, ZLATA 3008 BONAVENTURE CIRCLE UNIT 203 PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CAMPARA, ZLATA 2889 DRYER AVE. LARGO, FL 33770</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>2/28/07 727-488-4721</b>	