

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Dec 18, 2007  
Secretary of State**

DOCUMENT# P96000045565

Entity Name: THE INN AT OAK STREET, INC.

**Current Principal Place of Business:**

2114 OAK STREET  
JACKSONVILLE, FL 322044411

**New Principal Place of Business:**

**Current Mailing Address:**

2114 OAK STREET  
JACKSONVILLE, FL 322044411

**New Mailing Address:**

FEI Number: 59-3379554      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EAGLE, ROBERT E  
2114 OAK STREET  
JACKSONVILLE, FL 322044411 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PDST ( ) Delete  
Name: EAGLE, ROBERT  
Address: 2114 OAK STREET  
City-St-Zip: JACKSONVILLE, FL 322044411

Title: VPRS (X) Delete  
Name: MUSICO, TINA L  
Address: 2114 OAK STREET APT 2  
City-St-Zip: JACKSONVILLE, FL 322044411

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT E. EAGLE

PDST

12/18/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date