

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -9 PM 4:04

DOCUMENT # A01000001065

1. Entity Name
 ATHENA FUNDING GROUP, LLP



Principal Place of Business
 PO BOX 47706
 TAMPA, FL 33647

Mailing Address
 PO BOX 47706
 TAMPA, FL 33647



2. Principal Place of Business
 5035 E. BUSCH BLVD
 Suite, Apt. #, etc.
 STE #5
 City & State
 TAMPA, FL
 Zip
 33617
 Country
 USA

3. Mailing Address
 5035 E. BUSCH BLVD
 Suite, Apt. #, etc.
 STE #5
 City & State
 TAMPA, FL
 Zip
 33617
 Country
 USA

03042004 Chg-LP CR2E003 (10/03)

4. FEI Number
 59-3727502

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WEINARD, MICHAEL J
 5035 EAST BUSCH BLVD, STE. #5
 TAMPA, FL 33617

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City
 FL Zip Code

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

9. Capital Contributions as Shown on record. \$10,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$10,000.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P00000093754 ATHENA FUNDING GROUP, INC. PO BOX 47706 TAMPA, FL 33647	STREET ADDRESS CITY-ST-ZIP	5035 EAST BUSCH BLVD, STE #5 TAMPA, FL 33617
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: MICHAEL WEINARD, PRES OF GP. 3/4/04 813-987-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE