


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2005**

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A01000001065</b>                     |  |
| 1. Entity Name<br><b>ATHENA FUNDING GROUP, LLP</b> |                                                                                   |

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB -7 AM 10:08

|                                                                             |                                                                 |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|
| Principal Place of Business<br><b>5035 E. BUSCH BLVD<br/>TAMPA FL 33617</b> | Mailing Address<br><b>5035 E. BUSCH BLVD<br/>TAMPA FL 33617</b> |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

*[Handwritten Signature]*



1ST MOORE CR2E003 (10/04)

|                                                           |  |                                                        |
|-----------------------------------------------------------|--|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3727502</b>                        |  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> |  | <b>\$8.75 Additional Fee Required</b>                  |

|                                                                                |
|--------------------------------------------------------------------------------|
| <b>6. Name and Address of Current Registered Agent</b>                         |
| <b>WEINARD, MICHAEL J<br/>5035 EAST BUSCH BLVD. STE. #5<br/>TAMPA FL 33617</b> |

|                                                    |
|----------------------------------------------------|
| <b>7. Name and Address of New Registered Agent</b> |
| 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

**11. FILE NOW!!! Due by May 1, 2005.**  
 See Block 11 instructions for fee info.

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

10. Amount of Capital Contributions in FLORIDA to date.

**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 |                                   |
|---------------------------------|-----------------------------------|
| DOCUMENT #                      | <b>P00000093754</b>               |
| NAME                            | <b>ATHENA FUNDING GROUP, INC.</b> |
| STREET ADDRESS                  | <b>5035 E. BUSCH BLVD., STE 5</b> |
| CITY-ST-ZIP                     | <b>TAMPA FL 33617</b>             |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |

| 13. ADDRESS CHANGES ONLY |  |
|--------------------------|--|
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |
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| CITY-ST-ZIP              |  |
| STREET ADDRESS           |  |
| CITY-ST-ZIP              |  |

**600046558296**  
 02/14/05--01104--013 \*\*158.75

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** *[Handwritten Signature]* **MICHAEL WEINARD/PRES of G.P. 2/3/05 813-987-9800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE