


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -9 PM 4:04

DOCUMENT # A02000000355 1. Entity Name ATHENA FUNDING GROUP II, LLLP	
---	---

Principal Place of Business POST OFFICE BOX 47706 TAMPA, FL 33647	Mailing Address POST OFFICE 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 02-0547344	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. \$50,000.00	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	13. ADDRESS CHANGES ONLY
DOCUMENT # J18876 NAME ATHENA FUNDING GROUP, INC. STREET ADDRESS POST OFFICE BOX 47706 CITY-ST-ZIP TAMPA, FL 33647	STREET ADDRESS 5035 E. BUSCH BLVD, STE #5 CITY-ST-ZIP TAMPA FL 33617
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
STREET ADDRESS	
CITY-ST-ZIP	

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 J. 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