


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -9 PM 4: 04

DOCUMENT # A02000000893	
1. Entity Name ATHENA FUNDING GROUP III, LLLP	

Principal Place of Business PO BOX 47706 TAMPA, FL 33647	Mailing Address PO BOX 47706 TAMPA, FL 33647
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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
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03042004 Chg-LP CR2E003 (10/03)

4. FEI Number 35-2170171	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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. \$40,000.00	10. Amount of Capital Contributions in FLORIDA to date
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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 #	P00000093754	STREET ADDRESS	5035 E. BUSCH BLVD, #5
NAME	ATHENA FUNDING GROUP, INC.	CITY - ST - ZIP	TAMPA, FL 33617
STREET ADDRESS	PO BOX 47706		
CITY - ST - ZIP	TAMPA, FL 33647		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	600031168496
NAME		CITY - ST - ZIP	03/25/04-01023-022 ***368.75
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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 WEINARD PRES OF LGP 3/4/04 813-987-9500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE