

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # A03000000105**

1. Entity Name  
**ATHENA FUNDING GROUP IV LLLP**



Principal Place of Business  
**5035 E. BUSCH BLVD.  
STE 5  
TAMPA, FL 33617**

Mailing Address  
**5035 E. BUSCH BLVD.  
STE 5  
TAMPA, FL 33617**



03072008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**74-3071813**

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. #3  
TAMPA, FL 33617**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2008, Fee will be \$900.00**

**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**

DOCUMENT #	
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	
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04/03/08-80038-004 500.00

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

*3/7/08*  
**Date**

*815-987-9500*  
**Daytime Phone #**