

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 16, 2007 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # A04000000018**

1. Entity Name  
**ATHENA FUNDING GROUP VI, LLLP**



Principal Place of Business  
**5035 EAST BUSCH BLVD., SUITE #5  
TAMPA, FL 33617**

Mailing Address  
**5035 EAST BUSCH BLVD., SUITE #5  
TAMPA, FL 33617**



02022007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>51-0490643</b>	Applied For <input type="checkbox"/> Not Applicable
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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., SUITE #5  
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, 2007, 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 #	<b>P00000093754</b>
NAME	<b>ATHENA FUNDING GROUP, INC.</b>
STREET ADDRESS	<b>5035 EAST BUSCH BLVD., SUITE #5</b>
CITY-ST-ZIP	<b>TAMPA, FL 33617</b>

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

*MICHAEL WEINARD Pres of G.P. 2/2/07 815-987-9500*