

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

DOCUMENT # A04000001596

1. Entity Name

ATHENA FUNDING GROUP VII, LLLP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -7 AM 10: 09

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1ST MOORE

CR2E003 (10/04)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINARD, MICHAEL J
5035 EAST BUSCH BLVD.
SUITE #5
TAMPA FL 33617

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

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

DATE

9. Capital Contributions
as Shown on record

\$70,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

**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 # P00000093754
NAME ATHENA FUNDING GROUP, INC.
STREET ADDRESS 5035 EAST BUSCH BLVD.
CITY-ST-ZIP TAMPA FL 33617

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100046488601
02/14/05--01013--009 **526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

MICHAEL WEINARD / PRES & G.P. 2/3/05 813-987-9822

STAPLE CHECK HERE