


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

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

<b>DOCUMENT # A05000001807</b> 1. Entity Name ATHENA FUNDING GROUP VIII, LLLP	
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Principal Place of Business 5035 EAST BUSCH BLVD., SUITE #5 TAMPA, FL 33617	Mailing Address 5035 EAST BUSCH BLVD., SUITE #5 TAMPA, FL 33617
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02022007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 76-0796774	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  WEINARD, MICHAEL J 5035 EAST BUSCH BLVD., SUITE #5 TAMPA, FL 33617
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>

**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 #	P00000093754
NAME	ATHENA FUNDING GROUP, INC.
STREET ADDRESS	5035 EAST BUSCH BLVD., SUITE #5
CITY-ST-ZIP	TAMPA, FL 33617
DOCUMENT #	
NAME	
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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: <u>MICHAEL WEINARD PRES OF GP</u> 2/2/07 855-987-280 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #</small>