2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Mar 05, 2007 08:00 Al DOCUMENT # L03000047348 1. Entity Namo **Secretary of State** ATHENA PARTNERS LLC Principal Place of Business Mailing Address 1200 BRICKELL AVENUE 1200 BRICKELL AVENUE SUITE 750 SUITE 750 MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt #, etc 1st MOORE CR2E083 (10/06) Applied For City & State City & State 4. FEI Number 20-3095011 Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLACK, DAVID R ESQ. Street Address (P.O. Box Number is Not Acceptable) 1200 BRICKELL AVENUE SUITE 750 MIAMI FL 33131 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 (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State U00000655099 Due By May 1, 2007 03/13/07-80092-023 50.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. Addition 11111 MGR Dolote HILL Change NAME MAME BLACK, DAVID R ESQ. STREET ADDRESS STREET ADDRESS 1200 BRICKELL AVENUE, SUITE 750 CITY ST-710 CITY ST 7IP **MIAMI FL 33156** Change ☐ Addition Delete BHE HILL NAM MAME SINCET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST ZIP Addition Dcleie T3315 NAME NAME SHILL LADDRESS STREET ADDRESS CHY-ST-ZIP CITY ST ZIF Change ☐ Addition Delete mu шв NAME STREET ADDRESS STREET ADDRESS CITY ST 7P CHY-SI ZIE Defete ☐ Change Addition 31115 MAME NAME SHEEL ADDRESS STREET ADDRESS CHY SJ-78P CITY-ST-ZIP Change ☐ Addition Delete HILL TITLE NAME STREET CADDRESS STREET ADDRESS GITY ST-710 CHY-SI-28 11. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/26/07 305 668-170

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