## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

**DOCUMENT # L04000050835** 

1. Entity Name

ATHÈNA WAVERLY SALES OFFICE LLC



Principal Place of Business

Mailing Address

712 FIFTH AVENUE

SIGNATURE:

8TH FLOOR
NEW YORK, NY 10019
8TH FLO
NEW YORK

712 FIFTH AVENUE 8TH FLOOR

NEW YORK, NY 10019

FILED Feb 20, 2008 08:00 Al Secretary of State



01032008 No Chg-LLC

CR2E083 (12/07)

212 506 0665

Daytime Phone #

4. FEI Number 32-0138421		Applied For Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	Additional

6. Name and Address of Current Registered Ag
--

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301

## 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.	(NOTE: Registered Agent signature required when reinstating)	DATE -	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
<sup>-</sup> 9.	MANAGING MEMBERS/MANAGERS			
TITLE	MGRM			
NAME	THE ATHENA GROUP LLC			
STREET ADDRESS	712 FIFTH AVENUE, 8TH FLOOR			
CITY-ST-ZIP	NEW YORK, NY 10019		1100000000170	
TITLE			U00000833178 02/28/08-80002-016 138.75	
NAME			UZ/ZB/UBTBUUUZTUIB 130.13	
STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				
STREET ADDRESS				
CITY-ST-ZIP		lagsab ru <b>DO</b>	NOT WRITE	
TITLE			THOODAOE	
NAME		i i i i i i i i i i i i i i i i i i i	THIS SPACE	
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP	•			
TITLE				
NAME				
STREET ADDRESS	•			
CITY-ST-ZIP.				
11. I hereby certify that the information supplied with this filling 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this upport as required by Chapter 608, Florida Statutes.				