


FILED  
May 07, 2007 8:00 am  
Secretary of State

4/1

04-17-2007 90261 001 \*\*\*150.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

DOCUMENT # L04000050840			
1. Entity Name ATHENA WAVERLY APARTMENT 813 LLC			
Principal Place of Business 712 FIFTH AVENUE 8TH FLOOR NEW YORK, NY 10019		Mailing Address 712 FIFTH AVENUE 8TH FLOOR NEW YORK, NY 10019	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 32-0138418		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RATNER, CHARLES H 1800 SUNSET HARBOUR DRIVE SUITE 2 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when renewing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	MGRM THE ATHENA GROUP LLC 712 FIFTH AVENUE, 8TH FLOOR NEW YORK, NY 10019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.			
SIGNATURE: <u>John M. Bachley</u> John M. BACHLEY		Date: <u>2-7-07</u> 2125060660	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BEING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	

ATTACHMENT 30007149  
#104000050840

Form **SS-4**

(Rev. December 2001)  
Department of the Treasury  
Internal Revenue Service

**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN 32-0138418

OMB No. 1545-0003

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <b>Athena Waverly Apartment 813 LLC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name <b>c/o The Athena Group, L.L.C.</b>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>712 Fifth Avenue - 8th Floor</b>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code <b>New York, NY 10019</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>Dade County, Florida</b>	
	7a Name of principal officer, general partner, grantor, owner, or trustor	7b SSN, ITIN, or EIN

8a Type of entity (check only one box)

<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN) _____
<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____	<input type="checkbox"/> Trust (SSN of grantor) _____
<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises
<input checked="" type="checkbox"/> Other (specify) ▶ <b>Disregarded entity</b>	Group Exemption Number (GEN) ▶ _____

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State	Foreign country
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9 Reason for applying (check only one box)

<input type="checkbox"/> Started new business (specify type) ▶ _____	<input type="checkbox"/> Banking purpose (specify purpose) ▶ _____
<input type="checkbox"/> Hired employees (Check the box and see line 12.)	<input type="checkbox"/> Changed type of organization (specify new type) ▶ _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input checked="" type="checkbox"/> Other (specify) ▶ <b>Non-federal purpose</b>	<input type="checkbox"/> Created a trust (specify type) ▶ _____
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____

10 Date business started or acquired (month, day, year)

11 Closing month of accounting year

12 First date wages or annuities were paid or will be paid (month, day, year). **Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)** . . . . . ▶

13 Highest number of employees expected in the next 12 months. **Note: If the applicant does not expect to have any employees during the period, enter "-0-."** . . . . . ▶

Agricultural	Household	Other
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14 Check **one** box that best describes the principal activity of your business.

<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other
			<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Retail

15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.

16a Has the applicant ever applied for an employer identification number for this or any other business? . . . . . ☐ Yes ☐ No

**Note: If "Yes," please complete lines 16b and 16c.**

16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.

Legal name ▶	Trade name ▶
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16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.

Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Third Party Designee	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ( )
	Address and ZIP code	Designee's fax number (include area code) ( )

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ <u>M. J. [Signature]</u>	Applicant's telephone number (include area code) ( )
Signature ▶ <u>[Signature]</u>	Applicant's fax number (include area code) ( )
Date ▶ <u>1-28</u>	

ATTACHMENT 30007149  
A T H E N A

May 3, 2007

Florida Department of State  
Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Attn: Annual Reports Section

Re: L04000050840 – Athena Waverly Apartment 813 LLC  
L04000050835 – Athena Waverly Sales Office LLC  
L04000050849 – Athena Waverly Executive Office LLC

To Whom It May Concern:

With reference to your letter dated 4/23/07, Athena sent Check 1422 for \$150.00 (attached) with the Annual Report Forms. This was payment for the above entities and document numbers. Please apply appropriately. In addition, I am attaching the SS-4 forms that show the missing FEINs. We apologize for that oversight.

The Athena Group, L.L.C. is the sole owner and managing member of the entities known as Athena Waverly Apartment 813 LLC, Athena Waverly Sales Office LLC and Athena Waverly Executive Office LLC and files these Annual Reports on behalf of these entities.

I can be reached at (212) 506-0665 for questions.

Very truly yours,

THE ATHENA GROUP, L.L.C.



Maria J. Sulcer  
Chief Administrative Officer

ATTACHMENT

PAID

THRU

30007149

ORIGINAL DOCUMENT PRINTED ON CHEMICAL REACTIVE PAPER WITH MICROPRINTED SCREEN

The Athena Group, L.L.C.  
712 Fifth Avenue - 8th Floor  
New York, NY 10019

U.S. Trust Company of New York  
114 West 47th Street  
New York, NY 10036-1532

1422

1-131/0210

30005031

\*\*\*\* ONE HUNDRED FIFTY AND 00/100 DOLLARS

TO THE ORDER OF: Florida Dept. of State  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

04/04/2007 \$150.00\*\*\*\*\*

John M. Backley  
Maria J. Iulica

MEMO: 13-3803644

THIS DOCUMENT CONTAINS HEAT SENSITIVE INK. TOUCH OR RUB TO REVEAL - RED IMAGE DISAPPEARS WITH HEAT

PAID



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ENT=3551 TRC=2018 PK=03

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DEPARTMENT OF STATE  
FOR DEPOSIT ONLY  
DO NOT WRITE  
ACCT. # 1009068796

