2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2008
Secretary of State

DOCUMENT# L05000017047

Entity Name: ATHENA ENTERPRISES, LLC

Current Principal Place of Business:

6441 EUREKA SPRINGS RD.
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 292873
TAMPA, FL 33687

New Mailing Address:

FEI Number: 03-0555858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODHOUSE, JOHN J
13740 THOROUGHBRED DR.
DADE CITY, FL 33525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WOODHOUSE, JOHN J
Address: 13740 THOROUGHBRED DR.
City-St-Zip: DADE CITY, FL 33525

Title: MGR ( ) Delete
Name: WOODHOUSE, MARGARET P
Address: 13740 THOROUGHBRED DR.
City-St-Zip: DADE CITY, FL 33525

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: WOODHOUSE, MARGARET P
Address: 13740 THOROUGHBRED DR.
City-St-Zip: DADE CITY, FL 33525

Title: MGR ( ) Change (X) Addition
Name: WOODHOUSE, IAN M
Address: 13740 THOROUGHBRED DR.
City-St-Zip: DADE CITY, FL 33525

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN J. WOODHOUSE MGRM 02/16/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date