
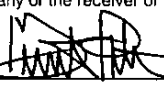


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90136 006 ***138.75

| | | | | | |
|--|---|---|---|--|--|
| DOCUMENT # L05000075664 1. Entity Name ATHENA CAPITAL GROUP, LLC | | | |  | |
| Principal Place of Business C/O ANTONIO FAGA 7955 AIRPORT ROAD, #101 NAPLES, FL 34109 | | | Mailing Address C/O ANTONIO FAGA 7955 AIRPORT ROAD, #101 NAPLES, FL 34109 | | |
| 2. Principal Place of Business - No P.O. Box # 975 SIXTH AVENUE SOUTH | | 3. Mailing Address 975 SIXTH AVENUE SOUTH | | | |
| Suite, Apt. #, etc. SUITE 200-A | | Suite, Apt. #, etc. SUITE 200-A | | | |
| City & State NAPLES, FL | | City & State NAPLES, FL | | | |
| Zip 34102 | Country COLLIER | Zip 34102 | Country COLLIER | 4. FEI Number 20-3330043 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FAGA, ANTONIO 7955 AIRPORT RD #101 NAPLES, FL 34109 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MORM PETERSON, BRENT 7955 AIRPORT ROAD N #101 NAPLES, FL 34109 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MORM PETERSON, BRENT 975-SIXTH AVENUE SOUTH SUITE 200A NAPLES, FL 34102 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-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 608, Florida Statutes. | | | | | |
| SIGNATURE  MANAGING MEMBER BRENT PETERSON 2/6/08 239.948.7723 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |