

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M02000001632

1. Entity Name

ATHENA KARLTON SOBE, LLC



Principal Place of Business

712 FIFTH AVE.  
C/O THE ATHENA GROUP  
NEW YORK, NY 10019

Mailing Address

712 FIFTH AVE.  
C/O THE ATHENA GROUP  
NEW YORK, NY 10019

FILED

04 OCT -1 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07072004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number  
01-0721082

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

DO NOT WRITE  
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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

Filing Fee is \$50.00  
Due by September 8, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ATHENA WAVERLY VENTURE, LLC  
712 FIFTH AVE.  
NEW YORK, NY 10019

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

AUTHORIZED SIGNATORY

9-28-04