



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # M02000001632</b> 1. Entity Name <b>ATHENA KARLTON SOBE, LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 OCT 25 AM 10:45	
Principal Place of Business <b>712 FIFTH AVE. C/O THE ATHENA GROUP NEW YORK, NY 10019</b>				Mailing Address <b>712 FIFTH AVE. C/O THE ATHENA GROUP NEW YORK, NY 10019</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		4. FEI Number <b>01-0721082</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				<div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 <u><b>CORPORATION SERVICE COMPANY</b></u> DATE <u><b>10-14-05</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$50.00</b> <b>After January 1, 2006, Fee will be \$100.00</b>				In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			
<b>Make check payable to Florida Department of State</b>							
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR ATHENA WAVERLY VENTURE, LLC 712 FIFTH AVE. NEW YORK, NY 10019</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900060300899</b> <b>10/25/05--01005--014 **50.00</b>		
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		
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		
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		
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		
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		
<b>REINSTATEMENT 2005</b>							
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 <u><b>Maria J. Sulem, CAO FOR MANAGING MEMBER</b></u> DATE <u><b>10/14/05</b></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							

(212) 506-0665