

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 DEC 22 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000001655

1. Entity Name

ATHENA - WAVERLY VENTURE, LLC



Principal Place of Business

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

Mailing Address

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



07072004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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 #2
TALLAHASSEE, FL 32301-2525

(850) 558-1500

**DO NOT WRITE
IN THIS SPACE**

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.

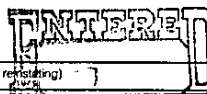
SIGNATURE

Lynette Coleman

Lynette Coleman
as its agent

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)



10-31-04
DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME ATHENA WAVERLY, LLC
STREET ADDRESS 712 FIFTH AVENUE
CITY-ST-ZIP NEW YORK, NY 10019 *acct # 167626A*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

300042318303
12/23/04--01033--022 **115.95

300042318303
10/29/04--01065--002 **38.65

300042318303
10/29/04--01065--003 **11.35

**DO NOT WRITE
IN THIS SPACE**

300042318303
12/23/04--01033--023 **34.05

REINSTATEMENT

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:

Maria J. Eulsen

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

10-28-04

Date

Daytime Phone #