

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # MQ2000001655</b> 1. Entity Name <b>ATHENA - WAVERLY VENTURE, LLC</b>				 <div style="text-align: right;">             08 NOV 19 AM 8:07              SECRETARY OF STATE              TALLAHASSEE FLORIDA           </div>	
Principal Place of Business: <b>C/O THE ATHENA GROUP, L.L.C.          712 FIFTH AVENUE          NEW YORK NY 10019</b>		Mailing Address: <b>C/O THE ATHENA GROUP, L.L.C.          712 FIFTH AVENUE          NEW YORK NY 10019</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number <b>01-0721082</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Zip Country		City & State Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when renewing.) DATE _____					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGRM ATHENA WAVERLY, LLC 712 FIFTH AVENUE NEW YORK NY 10019</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>100137930041 11/14/08--01003--034 **107.25</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>L. SELLERS</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>100137930041 11/14/08--01003--035 **31.50</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>NOV 20 2008</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>REINSTATEMENT</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>EXAMINER</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>08</b>		
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: _____ <b>10/17/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					