

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90091 022 \*\*\*\*50.00

**DOCUMENT # M02000001655**

1. Entity Name  
**ATHENA - WAVERLY VENTURE, LLC**



Principal Place of Business  
**C/O THE ATHENA GROUP, LLC.  
712 FIFTH AVENUE  
NEW YORK NY 10019**

Mailing Address  
**C/O THE ATHENA GROUP, LLC.  
712 FIFTH AVENUE  
NEW YORK NY 10019**

**55052416**

2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **APPLIED FOR**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** ☐ Delete  
NAME: **ATHENA WAVERLY, LLC**  
STREET ADDRESS: **712 FIFTH AVENUE**  
CITY-ST-ZIP: **NEW YORK NY 10019**

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
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TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

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 REQUIRED**

07/11/03

(212) 409-0200

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

Date

Daytime Phone #

CR2E083 (4/03)