

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90030 011 \*\*\*\*55.00

DOCUMENT # L05000039797

1. Entity Name  
PROSPECT - MARATHON COQUINA LLC



Principal Place of Business

177 BROAD STREET  
STAMFORD, CT 06901

Mailing Address

C/O PROSPECT CAPITAL GROUP  
177 BROAD STREET  
STAMFORD, CT 06901

2. Principal Place of Business

100 CLEARBROOK ROAD

Suite, Apt. #, etc.

2ND FLOOR

City & State

ELMSFORD, N.Y.

Zip

10523

Country

USA

3. Mailing Address

100 CLEARBROOK ROAD

Suite, Apt. #, etc.

2ND FLOOR

City & State

ELMSFORD, N.Y.

Zip

10523

Country

USA



01252006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

20-2725312

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

7. Name and Address of New Registered Agent

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

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME PROSPECT - MARATHON COQUINA HOLDINGS, LLC  
STREET ADDRESS 177 BROAD STREET  
CITY - ST - ZIP STAMFORD, CT 06901

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

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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 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

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

1-30-06

Date

914-345-3070

Daytime Phone #