

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90193 001 ****55.00

DOCUMENT # L05000049386

1. Entity Name

PROSPECT MANAGEMENT GROUP 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

3. Mailing Address

100 CLEARBROOK ROAD

Suite, Apt. #, etc.

2ND FLOOR

1st MOORE

CR2E083 (10/05)

City & State

ELMSFORD, NY

Zip

10523

Country

USA

City & State

ELMSFORD, N.Y.

Zip

10523

Country

USA

4. FEI Number

20-2864551

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State.
Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WALKER, ALEXANDER D III
STREET ADDRESS 177 BROAD STREET
CITY-ST-ZIP STAMFORD CT 06901

TITLE MGRM ☐ Delete
NAME LUNDBERG, LANCE B
STREET ADDRESS 177 BROAD STREET
CITY-ST-ZIP STAMFORD CT 06901

TITLE MGRM ☐ Delete
NAME DISSTON, GEOFFREY
STREET ADDRESS 177 BROAD STREET
CITY-ST-ZIP STAMFORD CT 06901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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TITLE ☐ Change ☐ Addition
NAME
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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 exemptions contained in Section 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

Date

Daytime Phone #

1-30-06

914-345-3070