

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90184 045 \*\*\*\*55.00



**DOCUMENT # L05000049386**

1. Entity Name

**PROSPECT MANAGEMENT GROUP LLC**

Principal Place of Business

100 CLEARBROOK RD  
 2ND FLOOR  
 ELMSFORD NY 10523

Mailing Address

100 CLEARBROOK RD  
 2ND FLOOR  
 ELMSFORD NY 10523

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2864551

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

1st MOORE

CR2E083 (10/06)



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 re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

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: MGRM  Change  Addition  
 NAME: WALKER, ALEXANDER  
 STREET ADDRESS: 100 CLEARBROOK ROAD, 2ND FLOOR  
 CITY ST ZIP:

TITLE: MGRM  Change  Addition  
 NAME: LUNDBERG, LANCE  
 STREET ADDRESS: 100 CLEARBROOK ROAD, 2ND FLOOR  
 CITY ST ZIP: ELMSFORD, N.Y. 10523

TITLE: MGRM  Change  Addition  
 NAME: DISSTON, GEOFFREY  
 STREET ADDRESS: 100 CLEARBROOK ROAD, 2ND FLOOR  
 CITY ST ZIP: ELMSFORD, N.Y. 10523

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:

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 #

*2/2/07*