

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-13-2006 90194 049 ****55.00

DOCUMENT # M04000005530

1. Entity Name

PROSPECT ARAGON LLC



Principal Place of Business

177 BROAD STREET
STAMFORD CT 06901

Mailing Address

177 BROAD STREET
STAMFORD CT 06901

2. Principal Place of Business

100 CLEARBROOK ROAD

3. Mailing Address

100 CLEARBROOK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2ND FLOOR

2ND FLOOR

City & State

City & State

Elmsford, NY

Elmsford, NY

Zip

Country

Zip

Country

10523

USA

10523

USA

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 May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME PROSPECT ARAGON HOLDINGS LLC
STREET ADDRESS 177 BROAD STREET
CITY-ST-ZIP STAMFORD CT 06901

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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