

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-13-2006 90193 002 \*\*\*\*55.00

**DOCUMENT # M05000001952**

1. Entity Name

**PROSPECT MANAGEMENT GROUP LLC**



Principal Place of Business

177 BROAD STREET 15TH FLOOR  
STAMFORD CT 06901

Mailing Address

177 BROAD STREET 15TH FLOOR  
STAMFORD CT 06901



2. Principal Place of Business

100 CLEARBROOK RD.  
2ND FLOOR  
ELMSFORD, N.Y.  
10523 USA

3. Mailing Address

100 CLEARBROOK RD.  
2ND FLOOR  
ELMSFORD, N.Y.  
10523 USA

1st MOORE

CR2E083 (10/05)

4. FEI Number

06-1524641

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HERSH INC.  
688 FLORIDA CENTRAL PARKWAY  
LONGWOOD FL 32750

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  
STREET ADDRESS 177 BROAD STREET 15TH FLOOR  
CITY-ST-ZIP STAMFORD CT 06901

TITLE MGRM ☐ Delete  
NAME DISTON, GEOFF  
STREET ADDRESS 177 BROAD STREET 15TH FLOOR  
CITY-ST-ZIP STAMFORD CT 06901

TITLE MGRM ☐ Delete  
NAME LUNDGERG, LANCE  
STREET ADDRESS 177 BROAD STREET 15TH FLOOR  
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

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 #

1-30-06

914-345-3070