

TORTOISE CAPITAL RESOURCES CORP  
 Form 3  
 October 19, 2009

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
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**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *		2. Date of Event Requiring Statement	3. Issuer Name <b>and</b> Ticker or Trading Symbol	
MARINER HOLDINGS, LLC		(Month/Day/Year)	TORTOISE CAPITAL RESOURCES CORP [TTO]	
(Last)	(First)	(Middle)	09/15/2009	
4200 W. 115TH STREET, SUITE 100,				
(Street)		(Check all applicable)		
LEAWOOD, KS		<input type="checkbox"/> Director <input type="checkbox"/> 10% Owner <input type="checkbox"/> Officer <input checked="" type="checkbox"/> Other (give title below)    (specify below) Affiliate of Inv Advisor		
(City)	(State)	(Zip)	5. If Amendment, Date Original Filed(Month/Day/Year)  6. Individual or Joint/Group Filing(Check Applicable Line) <input type="checkbox"/> Form filed by One Reporting Person <input checked="" type="checkbox"/> Form filed by More than One Reporting Person	

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Shares	0	D	

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
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Date Exercisable	Expiration Date	Amount or Number of Shares	or Indirect (I) (Instr. 5)
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## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
MARINER HOLDINGS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
MARINER STATISTICAL OPPORTUNITY FUND LP 4200 WEST 115TH STREET SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
MARINER PRIVATE EQUITY, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
Mariner Capital Ventures, LLC 4200 W. 115TH STREET SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
TORTOISE HOLDINGS, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
MARINER INSURANCE RESOURCES, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
Mariner Capital Partners LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
MARINER MEDICAL DIAGNOSTICS 1, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
LABEL REAL ESTATE, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor
NPC CAPITAL PARTNERS II, LLC 4200 W. 115TH STREET, SUITE 100 LEAWOOD, KS 66211	Â	Â	Â	Affiliate of Inv Advisor

## Signatures

/s/ S. Kirk Lambright, on behalf of Mariner Medical Diagnostics 1, LLC and Label Real Estate, LLC

10/19/2009

\_\_Signature of Reporting Person

Date

/s/ Martin C. Bicknell, on behalf of all other reporting persons

10/19/2009

Signature of Reporting Person

Date

## Explanation of Responses:

- \* If the form is filed by more than one reporting person, *see* Instruction 5(b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. *See* 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

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### Remarks:

AA form 3 is limited to a maximum of ten reporting persons. As a result, this Form 3 is one

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.