


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership STELLAR ASSETS IIIB, L.P.		1a. DOCUMENT # B97000000585	
2. Mailing Address 11200 ROCKVILLE PIKE, SUITE 220 ROCKVILLE MD 20852		2a. Principal Office Address 11200 ROCKVILLE PIKE, SUITE 220 ROCKVILLE MD 20852	
3. Date Formed or Registered 10/30/1997		3a. Date of Last Report 03/24/1998	
4. State or Country of Formation DE		5a. Capital Contributions as Shown on record. \$100.00	
5b. Amount of Capital Contributions in FLORIDA to date: Ø		6. FEI Number 52-2061548	
7. Certificate of Status Desired Ø		8. Make check payable to: Dept. of State (See reverse side for fee information) 141.25	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____			
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of General Partner(s) STELLAR ASSETS III, LLC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11200 ROCKVILLE PIKE,	11b. City, State & Zip Code ROCKVILLE MD 20852	11c. Registration/ Document Number M97000000717
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.			
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.			
SIGNATURE _____ DATE _____			
Typed or Printed Name of General Partner Signing Form NANCY E. BARTON Daytime Telephone Number 301 998-0403			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (8/98)