

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000585**

1. Entity Name

STELLAR ASSETS III, L.P.

FILED

00 FEB 15 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

11200 ROCKVILLE PIKE, SUITE 220
ROCKVILLE MD 20852

Mailing Address

11200 ROCKVILLE PIKE, SUITE 220
ROCKVILLE MD 20852-3103

2. Principal Place of Business

11200 Rockville Rke

3. Mailing Address

11200 Rockville Rke.

Suite, Apt. #, etc.

#250

Suite, Apt. #, etc.

#250

City & State

City & State

4. FEI Number

52-2061548

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M97000000717
NAME STELLAR ASSETS III, LLC
STREET ADDRESS 11200 ROCKVILLE PIKE, SUITE 220
CITY - ST - ZIP ROCKVILLE MD 20852

STREET ADDRESS 11200 Rockville Rke. Suite 250
CITY - ST - ZIP Rockville, MD 20852

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CITY - ST - ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)