

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015864 AF

DOCUMENT # **B97000000585**

1. Entity Name  
**STELLAR ASSETS III B, L.P.**

Principal Place of Business  
**11200 ROCKVILLE PIKE, SUITE 250  
ROCKVILLE MD 20852**

Mailing Address  
**11200 ROCKVILLE PIKE, SUITE 250  
ROCKVILLE MD 20852**

**FILED**  
**01 FEB 12 AM 11:36**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>52-2061548</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 \_\_\_\_\_ (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 #	<b>M97000000717</b>	STREET ADDRESS	
NAME	<b>STELLAR ASSETS III, LLC</b>	CITY-ST-ZIP	
STREET ADDRESS	<b>11200 ROCKVILLE PIKE, SUITE 250</b>		
CITY-ST-ZIP	<b>ROCKVILLE MD 20852</b>		
DOCUMENT #		STREET ADDRESS	<b>5000003708255--4</b>
NAME		CITY-ST-ZIP	<b>-02/16/01--01135--024</b>
STREET ADDRESS			<b>****141.25 ****141.25</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 (11/00)