

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B97000000585

1. Entity Name  
STELLAR ASSETS IIIB, L.P.



FILED

2005 MAY -2 P 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Zip Country

City & State  
Zip Country

01172005 Chg-LP CR2E003 (10/03)

4. FEI Number  
52-2061548

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$100.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 250  
CITY-ST-ZIP ROCKVILLE, MD 20852

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS 800055199158  
CITY-ST-ZIP 05/24/05 01073-011 \*\*191.25

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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: *Nancy E. Barton* NANCY E. BARTON 2/7/05 301-998-0405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE