

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000586

1. Entity Name

BRANDON SHERWOOD FOREST ASSOCIATES, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56

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

Suite, Apt. #, etc.

Suite 250

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

Suite 250

City & State

Zip

Country

4. FEI Number

52-2061543

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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.

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.

\$835,137.00

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

DOCUMENT # B97000000585  
NAME STELLAR ASSETS IIIB, L.P.  
STREET ADDRESS 11200 ROCKVILLE PIKE, SUITE 220  
CITY - ST - ZIP ROCKVILLE MD 20852

13. ADDRESS CHANGES ONLY

STREET ADDRESS

11200 Rockville Pike Suite 250

CITY - ST - ZIP

Rockville MD 20852.

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

000003196220-2

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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 #

01/13/00 301-998-0403

CR2E003 (9/99)