## 2004 LIMITED PARTNERSHIP ANNUAL REPORT -Due By September 8, 2004

STAPLE CHECK

## Jul 16, 2004 08:00 AM Secretary of State DOCUMENT # B9700000586 BRANDON SHERWOOD FOREST ASSOCIATES, L.P. Principal Place of Business Mailing Address 11200 ROCKVILLE PIKE, SUITE 250 11200 ROCKVILLE PIKE, SUITE 250 ROCKVILLE, MD 20852 ROCKVILLE, MD 20852 3. Mailing Address 2. Principal Place of Business Suite, Act. #, etc. Suita, Apt #, etc. 07012004 Cha-LP CR2E003 (10/03) City & State City & State 4. FEI Number Applied For 52-2061543 Not Applicable Ζp Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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, typed or printed name of registered agent and die if applicable DATE in accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice. 9. Capital Contributions Amount of Capital Contributions in FLORIDA to date. \$835,137.00 as Shown on record. 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. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY DOCUMENT # B97000000585 STREET ADDRESS STELLAR ASSETS IIIB, L.P. NAME STREET ADDRESS 11200 ROCKVILLE PIKE, SUITE 250 CITY-ST-7/P CITY-ST-ZIP ROCKVILLE, MD 20852 DOCUMENT # STREET ADDRESS 1/00000166803 NAME <del>'04 80813 631 526.25</del> STREET ADDRESS C87-57-7P CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CSTY-ST-ZIP CRY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 AND TOPED OR PRINTED HAME OF SIGNING GENERAL PARTNER ASSETS IN LLC, 6.0 OF Dolo.

STELLAN ASSETS IES L.P.

**FILED** 

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