

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97000000717

1. Entity Name
STELLAR ASSETS III, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

UL 5/20

02 MAY -2 PM 3: 08

Principal Place of Business Mailing Address
11200 ROCKVILLE PIKE. SUITE 250 11200 ROCKVILLE PIKE. SUITE 250
ROCKVILLE MD 20852 ROCKVILLE MD 20852



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **52-2049509** Applied For
Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$5.00 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

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-05/02/02--01063--022
******332.50 *****50.00**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM AD REALTY <input type="checkbox"/> Delete 11200 ROCKVILLE PIKE #250 ROCKVILLE MD 20852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete BARTON, NANCY E 11200 ROCKVILLE PIKE, SUITE 250 ROCKVILLE MD 20852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM <input type="checkbox"/> Delete SCHWARTZBERG, DAVID L 11200 ROCKVILLE PIKE, SUITE 250 ROCKVILLE MD 20852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/23/02

Date Daytime Phone #

CR2E083 (9/01)