


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 09, 2004 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # M97000000717 1. Entity Name STELLAR ASSETS III, LLC |  |
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|---|---|
| Principal Place of Business 11200 ROCKVILLE PIKE, SUITE 250 ROCKVILLE, MD 20852 | Mailing Address 11200 ROCKVILLE PIKE, SUITE 250 ROCKVILLE, MD 20852 |
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DO NOT WRITE IN THIS SPACE



06302004 No Chg-LLC CR2E083 (10/03)

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|---|---------------------------------------|
| 4. FEI Number 52-2049509 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | DO NOT WRITE IN THIS SPACE |
|---|---------------------------------------|

B. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by September 8, 2004**

U00000164735
07/09/04-80001-019 50.00

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM AD REALTY 11200 ROCKVILLE PIKE #250 ROCKVILLE, MD 20852 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM BARTON, NANCY E 11200 ROCKVILLE PIKE, SUITE 250 ROCKVILLE, MD 20852 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM 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 | |

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 606, Florida Statutes.

SIGNATURE:  **NANCY E. BARTON, MANAGER** **7/1/04** **301.998.0911**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #