

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M97000000717

1. Entity Name  
STELLAR ASSETS III, LLC



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01172005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
52-2049509

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME AD REALTY  
STREET ADDRESS 11200 ROCKVILLE PIKE #250  
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE MGRM ☐ Delete  
NAME BARTON, NANCY E  
STREET ADDRESS 11200 ROCKVILLE PIKE, SUITE 250  
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE MGRM ☐ Delete  
NAME SCHWARTZBERG, DAVID L  
STREET ADDRESS 11200 ROCKVILLE PIKE, SUITE 250  
CITY-ST-ZIP ROCKVILLE, MD 20852

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME 400055193194  
STREET ADDRESS 05/24/05--01073--011  
CITY-ST-ZIP \*\*191.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NANCY E. BARTON

Date

301-498-0405

Daytime Phone #