

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED

2007 APR -9 AM 10:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A0100000350

1. Entity Name
 SHARELSON ENTERPRISES III, L.P.



Principal Place of Business
 2385 EXECUTIVE CENTER DRIVE
 SUITE 190
 BOCA RATON, FL 33431

Mailing Address
 % BARNETT, ARLENE
 54 VERKADE DRIVE
 WAYNE, NJ 07470

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
910 ARLENE BARNETT

Suite, Apt. #, etc.
 City & State


Suite, Apt. #, etc.
25 CANTERBURY WAY
 City & State
WAYNE, NJ

City & State

City & State
WAYNE, NJ

Zip Country

Zip Country
07470 PASSAIC



01072007 Chg-LP CR2E003 (12/06)

4. FEI Number
 65-1080648

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

ELLIS, SETH E ESQ.
 2385 EXECUTIVE CENTER DRIVE
 SUITE 190
 BOCA RATON, FL 33431

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	P01000025356
NAME	BARNETT FAMILY MANAGEMENT CORP.
STREET ADDRESS	2385 EXECUTIVE CENTER DRIVE, SUITE 190
CITY-ST-ZIP	BOCA RATON, FL 33431
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900097227209
CITY-ST-ZIP	04/17/07--01045--005 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Arlene Barnett* DATE: *April 2, 2007* DAYTIME PHONE #: *(978) 333-5638*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ARLENE BARNETT PRESIDENT