,2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

FILED Mar 30, 2006 08:00 AM **Secretary of State**

| DOCUMENT # A0100000348 1. Entity Name |
|--|
| SHARELSON ENTERPRISES I, L.P. |
| |
| |



Principal Place of Business

2385 EXECUTIVE DRIVE

SUITE 190 BOCA RATON, FL 33431 Mailing Address

% BARNETT, ARLENE

54 VERKADE DRIVE WAYNE, NJ 07470

DO NOT WRITE IN THIS SPACE

| 01052006 | No | Chg-LP |
|----------|----|--------|
|----------|----|--------|

CR2E003 (11/05)

4. FEI Number 65-1080646

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

DO NOT WRITE IN THIS SPACE

| 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. the obligations of registered agent. | I am familiar with, and accept |
|----|---|--------------------------------|
| SI | SIGNATURE | 74Tf |

FILE NOWIII FEE IS \$500.00 After May 1, 2006, 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 PARTNEB INFORMATION |
|------------|----------------|--|
| | DOCUMENT . | P01000025356 |
| | NAME | BARNETT FAMILY MANAGEMENT CORP. |
| | STREET ADDRESS | 2385 EXECUTIVE CENTER DRIVE, SUITE 190 |
| ļ | CHY-SI-OF | BOCA RATON, FL 33431 |
| | DOLUMENT # | |
| | NAME | |
| | STREET ADDRESS | |
| | C)17-\$1-20P | · - |
| ! | OOCUMENT # | |
| | NAME | |
| | STREET NUONESS | |
| - } | City-St-ZiP | |
| 1 | DOCUMENT & | |
| Ì | NAME | |
| | STREET ADDRESS | |
| E | GITY-ST-ZIP | |
| CHECK HERE | DOCUMENT # | |
| Ó | NAME . | |
| 풀 | STREET AUDRECS | |
| 9 | CUTY - ST-ZIP | { |

0000000484497 04.12706-80049-022-500.**00**

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this him 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:

STREET AUDRECS CUTY-ST-ZIP

DOCUMENS # NAME STREET AUDIESS CITY-ST-ZIP

STAPLE

SIGNING GENERAL PARTNER