


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR -9 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A01000000348</b>	
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
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip	3. Mailing Address % ARLENE BARNETT 25 CANTERBURY WAY Wayne, NJ Zip 07470
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01072007 Chg-LP CR2E003 (12/06)

4. FEI Number 65-1080646	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
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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
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P01000025356	STREET ADDRESS	
NAME	BARNETT FAMILY MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	2385 EXECUTIVE CENTER DRIVE, SUITE 190		
CITY-ST-ZIP	BOCA RATON, FL 33431		
DOCUMENT #		STREET ADDRESS	500097227165
NAME		CITY-ST-ZIP	04/17/07--01045--004 **500.00
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: <i>Arlene Barnett</i>	DATE: April 2, 2007	DAYTIME PHONE: (973) 333-5638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER ARLENE BARNETT, RESIDENT		

STAPLE CHECK HERE