

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 18 AM 9:41

DOCUMENT # A01000000349

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



Principal Place of Business
2600 NORTH MILITARY TRAIL, SUITE 290
BOCA RATON, FL 33431

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



2. Principal Place of Business
2385 EXECUTIVE CENTER DRIVE

3. Mailing Address

Suite, Apt. #, etc.
SUITE 190

Suite, Apt. #, etc.

03062005 Chg-LP CR2E003 (10/03)

City & State
BOCA RATON, FL

City & State

4. FEI Number
65-1080647

Applied For
Not Applicable

Zip
33431

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ELLIS, SETH E ESQ.
SETH E. ELLIS, P.A.
2600 NORTH MILITARY TRAIL, SUITE 290
BOCA RATON, FL 33431

Name
(SAME)

Street Address (P.O. Box Number is Not Acceptable)
2385 EXECUTIVE CENTER DRIVE

SUITE 190

City
BOCA RATON

FL Zip Code
33431

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.

400049241104
03/28/05 01009-012 **526.25
DATE

9. Capital Contributions
as Shown on record. \$630,000.00

10. Amount of Capital Contributions
in FLCRIDA to date.

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
NAME BARNETT FAMILY MANAGEMENT CORP.
STREET ADDRESS 6600 NORTH MILITARY TRAIL, SUITE 290
CITY-ST-ZIP BOCA RATON, FL 33431

STREET ADDRESS 2385 EXECUTIVE CENTER DRIVE, SUITE 190
CITY-ST-ZIP BOCA RATON, FL 33431

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CITY-ST-ZIP

14. 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 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, PRESIDENT
BARNETT FAMILY MANAGEMENT CORP GENERAL PARTNER

MARCH 11, 2005
Date

(973) 696-4750
Daytime Phone #

STAPLE CHECK HERE