

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 18 AM 9:44



DOCUMENT # A0100000350
 1. Entity Name
 SHARELSON ENTERPRISES III, 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
 Suite, Apt. #, etc.
 SUITE 190

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 BOCA RATON, FL

City & State

Zip
 33431

Country
 USA

03062005 Chg-LP CR2E003 (10/03)

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

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

10. Amount of Capital Contributions in FLORIDA 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	STREET ADDRESS	2385 EXECUTIVE CENTER DRIVE, SUITE 190
NAME	BARNETT FAMILY MANAGEMENT CORP.	CITY-ST-ZIP	BOCA RATON, FL 33431
STREET ADDRESS	2600 NORTH MILITARY TRAIL, SUITE 290		
CITY-ST-ZIP	BOCA RATON, FL 33431		
DOCUMENT #		STREET ADDRESS	000049240980
NAME		CITY-ST-ZIP	03/28/05--01009--012 **526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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 DATE: MARCH 11, 2005 DAYLINE PHONE #: (973) 696-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ARLENE BARNETT, PRESIDENT
 BARNETT FAMILY MANAGEMENT CORP. GENERAL PARTNER