

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT # A01000000350

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**



01052006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FILE NOW!!! 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 PARTNER INFORMATION

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-STATE-ZIP

11000001484493
04/12/06 09043-020 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

MARCH 24, 2006

(913) 676-4750

Date

Daytime Phone #

STAPLE CHECK HERE