

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


**FILED**

2007 APR -9 AM 10:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A0100000350

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


2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip

3. Mailing Address  
 910 ARLENE BARNETT  
 25 CANTERBURY WAY  
 WAYNE, NJ

City & State  
 City & State  
 WAYNE, NJ

Country  
 Country  
 07470 PASSAIC



01072007 Chg-LP CR2E003 (12/06)

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

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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.

**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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	900097227209
CITY-ST-ZIP	04/17/07--01045--005 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: Arlene Barnett DATE: April 2, 2007 DAYTIME PHONE #: (978) 333-5638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ARLENE BARNETT PRESIDENT