


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017818 AB

DOCUMENT # A01000000350 1. Entity Name SHARELSON ENTERPRISES III, L.P.	
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FILED

03 MAR 28 AM 9: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 2600 NORTH MILITARY TRAIL, SUITE 290 BOCA RATON FL 33431	Mailing Address % BARNETT, ARLENE 54 VERKADE DRIVE WAYNE NJ 07470
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2003	
4. FEI Number 65-1080648	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 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.

9. Capital Contributions as Shown on record. \$630,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;">DOCUMENT #</td><td>P01000025356</td></tr> <tr><td>NAME</td><td>BARNETT FAMILY MANAGEMENT CORP.</td></tr> <tr><td>STREET ADDRESS</td><td>2600 NORTH MILITARY TRIAL, SUITE 290</td></tr> <tr><td>CITY-ST-ZIP</td><td>BOCA RATON FL 33431</td></tr> </table>	DOCUMENT #	P01000025356	NAME	BARNETT FAMILY MANAGEMENT CORP.	STREET ADDRESS	2600 NORTH MILITARY TRIAL, SUITE 290	CITY-ST-ZIP	BOCA RATON FL 33431	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>STREET ADDRESS</td><td></td></tr> <tr><td>CITY-ST-ZIP</td><td></td></tr> </table>	STREET ADDRESS		CITY-ST-ZIP	
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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:  **WIRED** March 22, 2003 913-696-4750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)