


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017818 AB

**DOCUMENT # A01000000350**

1. Entity Name  
**SHARELSON ENTERPRISES III, L.P.**



**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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

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

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

**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 #	<b>P01000025356</b>
NAME	<b>BARNETT FAMILY MANAGEMENT CORP.</b>
STREET ADDRESS	<b>2600 NORTH MILITARY TRIAL, SUITE 290</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33431</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000014904730</b>
CITY-ST-ZIP	<b>03/28/03--01034--010 **526.25</b>
STREET ADDRESS	
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STREET ADDRESS	
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:  **WIRED** **MARCH 22, 2003** **913-696-4750**

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

CR2E003 (10/02)