

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

500.00

FILED

06 JUN 22 PM 6:17

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # B99000000024



1. Entity Name
ULTIMATE STAFFING SERVICES, L.P.

Principal Place of Business
**333 CITY BOULEVARD WEST, STE. #100
ORANGE, CA 92868**

Mailing Address
**333 CITY BOULEVARD WEST, STE. #100
ORANGE, CA 92868**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05262006 Chg-LP CR2E003 (11/05)

4. FEI Number
33-0633164

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

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

DATE

**FILE NOW!!! FEE IS \$900.00
On or after September 6, 2006, Fee will be \$1000.00**

**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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F99000000273**
NAME **ROTH STAFFING COMPANIES, INC.**
STREET ADDRESS **333 CITY BOULEVARD WEST, STE. #100**
CITY-ST-ZIP **ORANGE, CA 92868**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700076538047
06/23/06 01064 000 **350.00**

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**700076538047
06/23/06 01064 010 **150.00**

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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 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

Jennifer Simonson
Jennifer Simonson
Secretary of GP

06/16/06

Date

714 931-8600

Daytime Phone #

STAPLE CHECK HERE