

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

05 APR 19 PM 3:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B02000000240

1. Entity Name
GEVITY HR VI, L.P.



Principal Place of Business
600 U.S. HWY 301 BOULEVARD WEST, SUITE 202
BRADENTON, FL 34205

Mailing Address
600 U.S. HWY 301 BOULEVARD WEST, SUITE 202
BRADENTON, FL 34205

2. Principal Place of Business
600 301 BLVD WEST

3. Mailing Address
P O BOX 25020

City & State
BRADENTON, FL

City & State
BRADENTON, FL

Zip
34205

Country

Zip
34206

Country

04122005 Chg-LP CR2E003 (10/03)

4. FEI Number
58-2074057

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

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

DATE

9. Capital Contributions
as Shown on record. **\$1,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

M01000000177
STAFF LEASING, LLC
600 US HWY. 301 BOULEVARD WEST, SUITE 202
BRADENTON, FL 34205

13. ADDRESS CHANGES ONLY

STREET ADDRESS
600 301 BLVD WEST

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP
100054020691
05/06/05--01068--034 **141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

Peter Grabowski

PETER GRABOWSKI

4/13/05

941-748-4540

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE