


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

**FILED**

2007 APR 17 AM 10:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # B06000000016</b>			
1. Entity Name RANDSTAD STAFFING SOLUTIONS, L.P.			
Principal Place of Business <del>177 CROSSWAYS PARK DRIVE</del> WOODBURY, NY 11797		Mailing Address <del>177 CROSSWAYS PARK DRIVE</del> WOODBURY, NY 11797	
2. Principal Place of Business - No P.O. Box # Suite, Apt., etc. <b>Randstad United States</b> <b>2015 South Park Place</b>		3. Mailing Address Suite, Apt. # <b>Randstad United States</b> <b>2015 South Park Place</b>	
City & State <b>Atlanta, GA 30339</b>		City & State <b>Atlanta, GA 30339</b>	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2007, Fee will be \$900.00</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME	STREET ADDRESS	<b>2015 SOUTH PARK PL</b>
STREET ADDRESS	<del>177 CROSSWAYS PARK DRIVE</del>	CITY-ST-ZIP	<b>ATLANTA, GA 30339</b>
CITY-ST-ZIP	<del>WOODBURY, NY 11797</del>		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	<b>400101521274</b>
STREET ADDRESS		CITY-ST-ZIP	<b>05/04/07--01056--010 **2500.00</b>
CITY-ST-ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
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STREET ADDRESS		CITY-ST-ZIP	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			
Date _____ Daytime Phone # _____			

STAPLE CHECK HERE