

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

05 APR 19 PM 1:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B93000000391

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



Principal Place of Business
600 US HWY. 301 BLVD. WEST, SUITE 202
BRADENTON, FL 34205

Mailing Address
600 US HWY. 301 BLVD. WEST, SUITE 202
BRADENTON, FL 34205

2. Principal Place of Business
600 301 BLVD WEST
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 25020
Suite, Apt. #, etc.

City & State
BRADENTON, FL
Zip
34205

City & State
BRADENTON, FL
Zip
34206

04122005 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0442057
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 S. PINE ISLAND RD.
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions
as Shown on record. \$3,415,000.00

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 # M01000000177
NAME STAFF LEASING, LLC
STREET ADDRESS 600 US HWY. 301 BLVD. WEST, SUITE 202
CITY-ST-ZIP BRADENTON, FL 34205

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CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 600 301 BLVD WEST
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 900054023689
CITY-ST-ZIP 05/06/05--01087--013 **526.25

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 4/13/05 941-748-4540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE