

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B93000000392

1. Entity Name
GEVITY HR, L.P.



Principal Place of Business
**9000 TOWN CENTER PARKWAY
 BRADENTON, FL 34202**

Mailing Address
**9000 TOWN CENTER PARKWAY
 BRADENTON, FL 34202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-LP CR2E003 (11/05)

4. FEI Number
65-0442051

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 S. PINE ISLAND RD.
 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 \$500.00
 After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT # **M01000000177**
 NAME **STAFF LEASING, LLC**
 STREET ADDRESS **600 301 BLVD WEST**
 CITY-ST-ZIP **BRADENTON, FL 34205**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

9000 Town Center Pkwy

CITY-ST-ZIP

Bradenton, FL 34202

STREET ADDRESS

800074623878

CITY-ST-ZIP

05/15/06--01015--022 **500.00

DOCUMENT #

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STREET ADDRESS

CITY-ST-ZIP

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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 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

Date

Daytime Phone #

STAPLE CHECK HERE

4/18/06

541-741-4757

FILED
0506 MAY - 11 PM 1:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

