. 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED May 06, 2004 08:00 AM Secretary of State

DOCUMENT # B9300000582 1. Entity Name GEVITY HR V, L.P.					Se	cretary of State
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				r, suite 202		
2. Principal Pla	aco of Business	3. Mailing Address				
Suite, Apt. #	ŧ, etc	Suite. Apt. #, etc		04222004 Chg-LP	CR2E003 (10/03)	
City & State		City & State			4. FEI Number 65-0475467	Applied For
Z ₁ p Country		Zip Country		ntry	5. Certificate of Status Desired	Not Applicable
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New R	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION, FL 33324						
				City	FL Zip Code	
	named entity submits this statement ons of registered agent.	for the purpose of changing	ig its registe	red office or registe	red agent, or both, in the State of Fig	orida. I am familiar with, and accept
SIGNATURE -	-					
9. Capital Cor	Signature, typed or printed name of registered against vicino.	ort and title it applicable	Canital Contr	ibutions		DATE
as Shown o	on record \$262,000.00	in FLORIDA	to date			
!	A GENERAL PARTNER NOTE: General Partners N	THAT IS A BUSINESS	S ENTITY Non the form	MUST BE REGIS n; an amendmei	TERED AND ACTIVE WITH TH nt must be filed to change a g	IIS OFFICE. eneral partner.
12.	GENERAL PARTN M01000000177	ER INFORMATION	13	·	ADDRESS CH	ANGES ONLY
NAME	STAFF LEASING, LLC			REE E ADORESS		
STREET ADDRESS CITY-ST-ZIP	1			Y-St-7IP	Herner	1160215
DOCUMENT #			str	REET ADDRESS	05/13/04-	1160215 -80012-006 526.25
NAME STREET ADDRESS CITY-ST-ZIP			Git	Y - ST - ZIP		
DOCUMENT #			SI	REET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			Си	Y-ST-ZIP		
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STREET ADDRESS CITY-ST-ZIP			Cil	TY - ST - ZIP		
DOCUMENT #			SF	PEET ADDRESS		
STREET ADDRESS CITY-SI-ZIP			Cit	1Y - ST - ZiP		
DOCUMENT #			S1	REET ADDRESS		
STREET ADDRESS GITY+ST+ZIP				TY-S1-ZIP		
 Indicated 	certify that the information supplied in on this report is true and accurate a ver or trustee empowered to execute	ind that my signature shall.	have the sar	ne legal effect as it	ection 119 07(3)(i), Florida Statutes made under oath, that I am a Gener	I further certify that the information at Partner of the limited partnership or
	URE: Elizabetile).fon-			4/26/04	
CIGITAL	SIGNATURE AND TYPE	OF PRINTED NAME OF SIGNING	GENERAL PART	NER	Date	Daytime Phone #