

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B93000000582

1. Entity Name
GEVITY HR V, 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

3. Mailing Address
PO BOX 25020

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

BRADENTON, FL

Zip

34205

Country

Zip

34206

Country

04122005

Chg-LP

CR2E003 (10/03)

4. FEI Number

65-0475467

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 SOUTH PINE ISLAND ROAD
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

9. Capital Contributions
as Shown on record.

\$262,000.00

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

600 301 BLVD WEST

CITY-ST-ZIP

DOCUMENT #
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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

Date

Daytime Phone #

941-748-4540

STAPLE CHECK HERE