

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

DOCUMENT # B94000000275

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



FILED

04 MAY -7 PM 3:52

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04222004 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0516080

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$25,000.00

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	STREET ADDRESS	
NAME	STAFF LEASING, LLC	CITY-ST-ZIP	
STREET ADDRESS	600 US HWY. 301 BLVD. WEST, SUITE 202		
CITY-ST-ZIP	BRADENTON, FL 34205		
DOCUMENT #		STREET ADDRESS	400037575374
NAME		CITY-ST-ZIP	06/02/04--01036--013 **263.75
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DOCUMENT #		STREET ADDRESS	
NAME		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: *Elizabeth B. J.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/04

Date Daytime Phone #

STAPLE CHECK HERE