


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B94000000276		
1. Entity Name GEVITY HR III, L.P.		

Principal Place of Business 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202	Mailing Address 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324	

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



04132006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0516085	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M01000000177	STREET ADDRESS	9000 Town Center Pkwy
NAME	STAFF LEASING, LLC	CITY-ST-ZIP	Bradenton, FL 34202
STREET ADDRESS	600 301 BLVD WEST		
CITY-ST-ZIP	BRADENTON, FL 34205		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	100074623351
STREET ADDRESS			05/15/06-01015-021 **500.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

9. 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:   941-741-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE