2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008				FILED		
DOCUMENT # B99000000057"				FILED SECRETARY OF STATE TALLAHASSEE. FLORIDA		
RANDSTAD US, L.P.				08 APR 25 PM 12: 13		
	ce of Business 1 PARK PLACE 3 30339	Mailing Address 2015 SOUTH PARK PLACE ATLANTA, GA 30339		-		
	2					
DO NOT WRITE IN THIS SPACE				04022008 No Chg-L 4. FEI Number	.P CR2E00	3 (12/06)
_		· · · · · · · · · · · · · · · · · · ·		58-2414177		Not Applicable
<u> </u>	خ>			5. Certificate of Status D		8.75 Additional ee Required
	6. Name and Address of Cu		• • •			· · · · · · · · · · · · · · · · · · ·
CORPORATION SERVICE COMPANY 1201 HAYS STREET				DO NO	F WRITE	
TALLAHASSEE, FL 32301-2525				IN THIS	SPACE	
				-		
	e named entity submits this staten tions of registered agent.	nent for the purpose of changing its req	jistered office or registe	ered agent, or both, in the St	ate of Florida. I am fa	miliar with, and accept
SIGNATURE	Signature, typed or printed name of registere	d agent and title if app#cable.	<u>.</u>		DATÉ	
	FILE	NOW!!! FEE IS \$500.00				
		1, 2008, Fee will be \$900.0 IER THAT IS A BUSINESS ENTI			VITH THIS OFFICE	
12.	NOTE: General Partner	TS MAY NOT be changed on the RTNER INFORMATION				
DOCUMENT #	M9900000142				• .	· · ·
NAME STREET ADDRESS CITY - ST - ZIP				300125592223 04/24/0801035025 **1000.00		
DOCUMENT #						
NAME Street address						Ĵ.
CITY-ST-ZIP			i en e	-	يە مەلەربىرى	انى ئىمىچى يەمىد تار
NAME			х			
STREET ADDRESS CITY-ST-ZIP			* /	DO NOT		
Document #			ne la	IN THIS	SPACE	
STREET ADDRESS						
CITY-ST-ZIP			:	•	• • • • • • • •	· · ·
NAME					v	
STREET ADDRESS CITY-ST-ZIP						
DOCUMENT #					• •	· ,
STREET ADDRESS			.04. -17			
14. I hereby	certify that the information suppli	ed with this filing does not qualify for	the exemptions contain	ed in Chapter 119, Florida t	Statutes. I further cert	ify that the information
indicated	I on this report is true and accura	te and that my signature shall have the recute this report as required by Chap	same legal effect as it	made under oath; that I am	a General Partner of	the limited partnership
SIGNAT			IA	4/1/2		
SIGNAT		PED OR PRINTED NAME OF SIGNING GENERAL P	r	Date		vtime Phone #