

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

2007 APR 17 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | | | |
|---|-----------------------------------|--------------------------------|--|-----------------------------|--|
| DOCUMENT # B99000000103 1. Entity Name TEMP FORCE, L.P. | | | | | |
| Principal Place of Business 2015 SOUTH PARK PLACE ATLANTA, GA 30339 | | | Mailing Address 1 HUNTINGTON QUADRANGLE SUITE 3 S 04 MELVILLE, NY 11747 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 58-2422206 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 # | M99000000142 | | STREET ADDRESS | | |
| NAME | RANDSTAD GENERAL PARTNER (US) LLC | | CITY - ST - ZIP | | |
| STREET ADDRESS | 2015 SOUTH PARK PLACE | | STREET ADDRESS | | |
| CITY - ST - ZIP | ATLANTA, GA 30339 | | CITY - ST - ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
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STAPLE CHECK HERE

14. 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #