

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90030 025 ****50.00

DOCUMENT # M01000001979 1. Entity Name GEVITY XIV, LLC					
Principal Place of Business 9000 TOWN CENTER PARKWAY BRADENTON, FL 34202 US			Mailing Address PO BOX 25020 BRADENTON, FL 34206 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04122006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 65-1099392	
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VONK, ERIK <input type="checkbox"/> Delete 600 301 BOULEVARD WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9000 Town Center Pkwy Bradenton, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, LISA J <input type="checkbox"/> Delete 600 301 BOULEVARD WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9000 Town Center Pkwy Bradenton, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR UGLIETTA, SAL <input checked="" type="checkbox"/> Delete 600 301 BOULEVARD WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition '	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NICHOLS, GREGORY M <input checked="" type="checkbox"/> Delete 600 301 BOULEVARD WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Cliff Sladnick 9000 Town Center Pkwy Bradenton, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRABOWSKI, PETER <input type="checkbox"/> Delete 600 301 BOULEVARD WEST BRADENTON, FL 34205		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9000 Town Center Pkwy Bradenton, FL 34202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MGR Roy King 9000 Town Center Pkwy Bradenton, FL 34202	
11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:			4/18/06 941-741-4757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		