


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**


04-12-2004 90030 017 \*\*\*\*50.00

<b>DOCUMENT # M03000001362</b>	
1. Entity Name TRINET SYSTEMS OF FLORIDA, LLC	

Principal Place of Business <b>ONE MERCHANT STREET SHARON, MA 02067</b>	Mailing Address <b>ONE MERCHANT STREET SHARON, MA 02067</b>
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2. Principal Place of Business <i>5909 Hampton Oaks Parkway Suite, Apt. #, etc. Suite J</i>	3. Mailing Address <i>295 University Ave Suite, Apt. #, etc.</i>
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City & State <i>Tampa, FL</i>	City & State <i>Westwood, MA</i>	4. FEI Number <b>03-0489293</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33610</b>	Country	Zip <b>02090</b>	Country



03302004 Chg-LLC CR2E083 (10/03)

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2004</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGR	Trinet Systems Business Trust	295 University Ave	Westwood, MA 02090		

11. 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 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:**  **3/30/04** **781-784-5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #