


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A96000000303

1. Entity Name
THE GOTTLIEB FAMILY TI LIMITED PARTNERSHIP



FILED
04 JAN 30 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
C/O RUBEN KLODA, ATLANTIC HOSIERY, INC. **C/O RUBEN KLODA, ATLANTIC HOSIERY, INC.**
4700 NW 132 ST. **4700 NW 132 ST.**
MIAMI, FL 33054 **MIAMI, FL 33054**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01142004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0649014 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

KLODA, RUBEN
ATLANTIC HOSIERY, INC.
4700 N.W. 132 ST.
MIAMI, FL 33054

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.

9. Capital Contributions as Shown on record. **\$257,400.00**

10. Amount of Capital Contributions in FLORIDA to date. _____

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

DOCUMENT #	
NAME	KLODA, RUBEN
STREET ADDRESS	4700 NW 132 ST., ATLANTIC HOSIERY INC.
CITY-ST-ZIP	MIAMI, FL 33054
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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000027901220
01/30/04--01063--031 **535.00

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: _____ **1/27/04** **305-685-7617**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE