


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000303	
1. Entity Name THE GOTTLIEB FAMILY LIMITED PARTNERSHIP	

Principal Place of Business C/O RUBEN KLODA, ATLANTIC HOSIERY, INC. 4700 NW 132 ST. MIAMI, FL 33054	Mailing Address C/O RUBEN KLODA, ATLANTIC HOSIERY, INC. 4700 NW 132 ST. MIAMI, FL 33054
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
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01062005 Chg-LP CR2E003 (10/03)

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	
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4. FEI Number 65-0649014	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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.
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**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 #	KLODA, RUBEN 4700 NW 132 ST., ATLANTIC HOSIERY INC. MIAMI, FL 33054	STREET ADDRESS	000000209204
NAME		CITY-ST-ZIP	02/02/05-80028-007 535.00
STREET ADDRESS			
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STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ **1/25/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #