


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007


FILED
Feb 05, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000000303
 1. Entity Name
 THE GOTTLIEB FAMILY TI 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
--	--

DO NOT WRITE IN THIS SPACE



01252007 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0649014	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

U00000624250
 02/14/07-30023-011 508.75

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 #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ Date: 1-31-07 Daytime Phone # _____
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE