


**2008 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2008**

**FILED  
Jan 14, 2008 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**



01092008 No Chg-LP CR2E003 (12/06)

4. FEI Number <b>65-0649014</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> 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, 2008, Fee will be \$900.00**

**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 STREET ADDRESS CITY-ST-ZIP	<b>KLODA, RUBEN 4700 NW 132 ST., ATLANTIC HOSIERY INC. MIAMI, FL 33054</b>
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01/16/08-80066-009 508.75

STAPLE CHECK HERE

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:** \_\_\_\_\_ **1/14/08** **305-685-7617**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #