

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

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

<b>DOCUMENT # A96000000306</b>					
<b>1. Entity Name</b> THE GOTTLIEB FAMILY AHI LIMITED PARTNERSHIP					
<b>Principal Place of Business</b> C/O RUBEN KLODA ATLANTIC HOSIERY INC, 4700 NW 132 ST. MIAMI, FL 33054			<b>Mailing Address</b> C/O RUBEN KLODA ATLANTIC HOSIERY INC, 4700 NW 132 ST. MIAMI, FL 33054		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KLODA, RUBEN ATLANTIC HOSIERY INC. 4700 NW 132 STREET MIAMI, FL 33054			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
DATE _____					
<b>9. Capital Contributions as Shown on record.</b>		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		\$635,886.00	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> NAME STREET ADDRESS CITY-ST-ZIP	KLODA, RUBEN 4700 NW 132 ST., ATLANTIC HOSIERY, INC. MIAMI, FL 33054		STREET ADDRESS CITY-ST-ZIP	000000209211 02/02/05-90029-009 535.00	
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<b>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</b>					
<b>SIGNATURE:</b> _____			1/25/05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		

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