

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

DOCUMENT # A96000001119

1. Entity Name  
TI-II LIMITED PARTNERSHIP



FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business  
C/O RUBEN KLODA, ATLANTIC HOSIERY, INC.  
4700 N.W. 132ND STREET  
MIAMI, FL 33054

Mailing Address  
C/O RUBEN KLODA, ATLANTIC HOSIERY, INC.  
4700 N.W. 132ND STREET  
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

65-0680647

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

KLODA, RUBEN  
C/O ATLANTIC HOSIERY, INC.  
4700 N.W. 132ND STREET  
MIAMI, FL 33054

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. **\$340,398.00**

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**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RUBEN KLODA, TRUSTEE  
C/O ATLANTIC HOSIERY, 4700 N.W. 132ND ST.  
MIAMI, FL 33054

STREET ADDRESS  
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1/27/04

305-685-7617

STAPLE CHECK HERE