


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

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

<b>DOCUMENT # A96000001119</b>					
1. Entity Name TI-II LIMITED PARTNERSHIP					
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		Country		01062005 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-0680647				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  KLODA, RUBEN C/O ATLANTIC HOSIERY, INC. 4700 N.W. 132ND STREET MIAMI, FL 33054			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$340,398.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #		NAME		STREET ADDRESS	
STREET ADDRESS		C/O ATLANTIC HOSIERY, 4700 N.W. 132ND ST.		CITY-ST-ZIP	
CITY-ST-ZIP		MIAMI, FL 33054		02/02/05-80028-010 535.00	
DOCUMENT #		NAME		STREET ADDRESS	
STREET ADDRESS				CITY-ST-ZIP	
CITY-ST-ZIP					
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STREET ADDRESS				CITY-ST-ZIP	
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: _____				Date: 1/25/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small>	



STAPLE CHECK HERE