

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # A96000001119

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



01262006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0680647	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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	RUBEN KLODA, TRUSTEE
STREET ADDRESS	C/O ATLANTIC HOSIERY, 4700 N.W. 132ND ST.
CITY - ST - ZIP	MIAMI, FL 33054

U00000429181
 02/21/06-80079-001 508.75

DOCUMENT #	
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STREET ADDRESS	
CITY - ST - ZIP	

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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 820, Florida Statutes

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/2/06