


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Feb 05, 2007 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
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**DO NOT WRITE IN THIS SPACE**



01252007 No Chg-LP CR2E003 (12/06)

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

1100000624226  
 02/14/07-80023-004 508.75

**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	RUBEN KLODA, TRUSTEE C/O ATLANTIC HOSIERY, 4700 N.W. 132ND ST. MIAMI, FL 33054
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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 620, Florida Statutes

SIGNATURE:  DATE: 1-31-07 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER