


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

**FILED
Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # A96000001119 1. Entity Name TI-II LIMITED PARTNERSHIP	
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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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01092008 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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, 2008, 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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000784705
01/16/08-80086-011 508.75

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: _____ *[Signature]* _____ *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

_____ *1/14/08* _____ *305-685-7617*
Date Daytime Phone #