2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE

FILED **DOCUMENT # A96000001120** AHI-IÍ LIMITED PARTNERSHIP 04 JAN 30 PM 2: 25 SEGRETARY OF STATE TALLAHASSEE FLORI**DA** Principal Place of Business Mailing Address C/O RUBEN KLODA, ATLANTIC HOSIERY, INC. C/O RUBEN KLODA, ATLANTIC HOSIERY, INC. 4700 N.W. 132ND STREET 4700 N.W. 132ND STREET MIAMI, FL 33054 MIAMI, FL 33054 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142004 Chg-LP CR2E003 (10/03) City & State City & State Applied For 4. FEI Number 65-0680654 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KLODA, RUBEN Street Address (P.O. Box Number is Not Acceptable) C/O ATLANTIC HOSIERY, INC. 4700 N.W. 132ND STREET MIAMI, FL 33054 City 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 (I applicable. DATE 10. Amount of Capital Contributions 9. Capital Contributions \$635,866,00 in FLORIDA to date. as Shown on record. 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. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. DOCUMENT # STREET ADDRESS RUBEN KLODA, TRUSTEE NAME C/O ATLANTIC HOSIERY,4700 N.W. 132ND ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33054 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 500027980935 /30/04--01063--026 **53 CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP . CITY - ST - ZIP Ξ DOCUMENT # STREET ADDRESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify in 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

TURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER