


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

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

DOCUMENT # A96000001120 1. Entity Name AHI-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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0680654	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$635,866.00			10. Amount of Capital Contributions in FLORIDA to date.		
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	02/02/05-80028-011 535.00	
STREET ADDRESS	RUBEN KLODA, TRUSTEE		CITY-ST-ZIP		
CITY-ST-ZIP	C/O ATLANTIC HOSIERY, 4700 N.W. 132ND ST. MIAMI, FL 33054		CITY-ST-ZIP		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Date 1/25/05 Daytime Phone #		

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