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

DO NOT WRITE IN THIS SPACE

## DOCUMENT # A96000001120

1. Entity Name

AHI-II LIMITED PARTNERSHIP

FILED Feb 05, 2007 08:00 AM Secretary of State

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



01252007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 65-0680654

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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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

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 <del>- U00000624219</del> 02/14/07-80023-003 508.75

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.

ı	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
-	DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT / NAME STREET ADDRESS CITY+ST+ZIP	
	DOCUMENT / NAME STREET ADDRESS CITY+ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS	

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14. I hereby certify that the information supplied with this filling dees 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 AND FEG OR FRINTED NAME OF SIGNING GENERAL PARTNER

1-31-07

Daytime Phone