

**2014 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A96000001119

**FILED**  
**Jan 30, 2014**  
**Secretary of State**  
**CC3957568661**

**Entity Name:** TI-II LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O RUBEN KLODA, ATLANTIC HOSIERY, INC.  
13449 N. W. 42ND AVENUE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

C/O RUBEN KLODA, ATLANTIC HOSIERY, INC.  
13449 N. W. 42ND AVENUE  
OPA LOCKA, FL 33054

**FEI Number:** 65-0680647

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KLODA, RUBEN  
C/O ATLANTIC HOSIERY, INC.  
13449 N. W. 42ND AVENUE  
OPA LOCKA, FL 33054 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**General Partner Detail :**

Document #

Name RUBEN KLODA, TRUSTEE

Address C/O ATLANTIC HOSIERY, 13449 N. W.  
42ND AVE

City-State-Zip: OPA LOCKA FL 33054

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RUBEN KLODA

**TRUSTEE**

**01/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail

\_\_\_\_\_  
Date