

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001448 AT

DOCUMENT # **A99000002029**

1. Entity Name
SECRET PROMISE, LTD.



FILED

03 AUG 28 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**100 FIRST AVE. S., STE. 115
ST. PETERSBURG FL 33701**

Mailing Address
**400 N. ASHLEY DR., SUITE 2300
TAMPA FL 33602**



2. Principal Place of Business

3. Mailing Address

100 First Avenue S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#115

City & State

City & State

St. Petersburg FL

Zip

Country

Zip

33701

Country

DUE BY SEPTEMBER 24, 2003

4. FEI Number **59-3614172**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ATLANTIS INVESTMENT HOLDINGS, INC.

100 FIRST AVE. S., STE. 115

ST. PETERSBURG FL 33701

Name

Street Address (P.O. Box Number is Not Acceptable)

500022263845

08/12/03--01069--009 **535.00

City

FL

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 if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **P99000082919**
NAME **ATLANTIS INVESTMENT HOLDINGS, INC.**
STREET ADDRESS **100 FIRST AVE. S.**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500022935629
09/10/03--01073--016 **408.75

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CITY-ST-ZIP

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8-8-03 **727-922-1688**
Date Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE