DOCUMENT # A000000968 1. Entity Name							
SECRET	PROMISE II, L1	TD.		<u>u</u> 1	· · · · · ·	FILED	
Principal Plac	ce of Business		Mailing Address			01 MAR -2 AM 10: 54	
631 SIXTH AVENUE S. ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701)1		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	_
City & State			City & State			4. FEI Number Applied For Not Applicable]
Zip ———	USA		Zip	Coun	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required /	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent	1
ATLANTIS INVESTMENT HOLDINGS, INC. 631 SIXTH AVENUE S. ST. PETERSBURG FL 33701					Street Address (P.O. Box Number is Not Acceptable)		$\frac{1}{2}$
							$\frac{1}{2}$
					City	FL Zip Code	1
8. The above named entity submits this statement for the purpose of changing its registered office					L ed office or register	red agent, or both, in the State of Florida.	1
SIGNATURE							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 10. Assume of Control Cont							
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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					ADDRESS CHANGES ONLY	١,
NAME	P99000082919 ATLANTIS INVESTMENT HOLDINGS, INC.			STRE	ET ADDRESS	·	
STREET ADDRESS CITY-ST-ZIP	631 SIXTH AVI ST. PETERSBU			СІТҮ	-ST-ZIP		
DOCUMENT #				STRE	ET ADDRESS	- 600003803286 -2 -03/06/0101119022	
NAME STREET ADDRESS	1			ĊITV	- ST-ZIP	****150.80 ****150.00	1
CITY-ST-ZIP				- Unit	. 07 28		┨
NAME			المرادات فياهم المستحد المراد المستحد المراد	- STRE	ET ADDRESS		1
STREET ADORESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT # NAME				STRE	ET ADDRESS)	
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		
DOCUMENT # NAME				STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	1
DOCUMENT#			· · · · · · · · · · · · · · · · · · ·	STRE	ET ADORESS		1
STREET ADDRESS CITY-ST-ZIP				CITY	-ST-ZIP		1
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 J. Crayton Pront							
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER						2-07-01 727-822/688 Date Dayling Phone #	