

# 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

**5000222935629**  
**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

*Heldman Inc* **8-8-03**

Date

**727-922-1688**

Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE