

2001 UNIFORM BUSINESS REPORT (UBR)

000899 AF

DOCUMENT # **A00000000968**

1. Entity Name

SECRET PROMISE II, LTD.

FILED

01 MAR -2 AM 10:54

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business

**631 SIXTH AVENUE S.
ST. PETERSBURG FL 33701**

Mailing Address

**631 SIXTH AVENUE S.
ST. PETERSBURG FL 33701**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

USA

Zip

Country

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.
631 SIXTH AVENUE S.
ST. PETERSBURG FL 33701**

Name

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

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.

\$5,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

0

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

**P99000082919
ATLANTIS INVESTMENT HOLDINGS, INC.
631 SIXTH AVENUE S.
ST. PETERSBURG FL 33701**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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: **J. Crayton Pruitt**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-07-01
Date

727-8221688
Daytime Phone #

CR2E003 (11/00)