

# 2002 UNIFORM BUSINESS REPORT (UBR)

UNIT 50005 AI

DOCUMENT # **A00000000968**

FILED

02 FEB 28 PM 12:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name  
**SECRET PROMISE II, LTD.**

Principal Place of Business <b>631 SIXTH AVENUE S. ST. PETERSBURG FL 33701</b>	Mailing Address <b>631 SIXTH AVENUE S. ST. PETERSBURG FL 33701</b>
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2. Principal Place of Business <b>100 First Ave. S. Suite 115</b>	3. Mailing Address <b>100 First Ave. S. Suite 115</b>
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DUE BY MAY 1, 2002

City & State <b>ST. Petersburg Florida</b>	City & State <b>ST. Petersburg Florida</b>	4. FEI Number <b>57-3687069</b>	Applied For <b>APPLIED FOR</b>
Zip <b>33701</b>	Country <b>USA</b>	Zip <b>33701</b>	Country <b>USA</b>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  
**ATLANTIS INVESTMENT HOLDINGS, INC.  
631 SIXTH AVENUE S.  
ST. PETERSBURG FL 33701**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**100 First Ave S.  
Suite 115**  
City  
**ST. Petersburg** FL Zip Code  
**33701**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$5,000,000.00**

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	
DOCUMENT #	<b>P99000082919</b>
NAME	<b>ATLANTIS INVESTMENT HOLDINGS, INC.</b>
STREET ADDRESS	<b>631 SIXTH AVENUE S.</b>
CITY-ST-ZIP	<b>ST. PETERSBURG FL 33701</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800005041728--8</b>
CITY-ST-ZIP	<b>03/04/02--01106--005</b>
STREET ADDRESS	<b>***535.00 ***535.00</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **J. Crayton Pruitt** Date: **2-4-02** Daytime Phone #: **727-822-1688**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CPRE003 (9/01)

SAMPLE CHECK HERE