	MENT#		0002031	ORT (	(UBR				
PAROS PROPERTIES, LTD.						FIL	_ED		J
Principal Place of Business Mailing Address						TER -	1 PM 12: 08		()
`			230 NORTH HALIFAX DRI	30 NORTH HALIFAX DRIVE		T '			
ORMOND BEACH FL 32176 ORMOND BEACH FL 32176					SECRETARY OF STATE TALLAMASSEE FLORIDA				
2. Principal Place of Business 3.			3. Mailing Address	3. Mailing Address			l (mim tolji (majž moli) objić bi	DIRI <b>ut</b> ali <b>du</b> li	E 11014 BB1 E8 13101 4101 1001
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE	IN THIS SF	PACE
City & State			City & State			4. FEI Numb	er 59-3468571		Applied For Not Applicable
Zip	Co	untry	Zip	Country		5. Certificate	of Status Desired		8.75 Additional
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
DRAKAKIS, STAMATIKI 230 NORTH HALIFAX DRIVE				,	Name Street Address (P.O. Box Number is Not Acceptable)				
ORMOND BEACH FL 32176									
					City			FL	Zip Code
8. The above	e named entity subr	nits this statement for	the purpose of changing its	registere	d office or r	egistered agent, or bo	th, in the State of Florid	a.	ļ
SIGNATURE	Signature, typed or printe	ed name of registered agent a	nd title if applicable. (NOT	Agent signature	required when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$500.00 In FLORIDA to date				tributions  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.	<u> </u>	GENERAL PARTNER	INFORMATION	13.	1		ADDRESS CHAN	GES ONLY	
DOCUMENT /				STREE	T ADDRESS				

12.	GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY				
DOCUMENT / NAME	DRAKAKIS, STAMATIKI	STREET ADDRESS	alle alle alle alle alle alle alle alle			
STREET ADDRESS	230 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176	CITY-ST-ZIP	90003654999 7 -02/06/0101110016 ****141.25 ****141.25			
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DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT # NAME	*	STREET ADDRESS				
STREET #ODRESS CITY-ST-ZIP		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: 💯

Daytime Phone #