DOCUMENT # A30581					Sept.	r jan i		
CANTERBURY ORLANDO CROSSINGS, LTD.					F	FILED		
Principal Place 316 MONKS C LAKE MARY F		Mailing Address 2915 SR 590. STE 21 CLEARWATER FL 33759		Tu Ti	O1 APR -4 AH 9 06 SECRETARY OF STATE			
2. Principal F	3. Mailing Address	ailing Address			8	EN OCOLA BIERI OCOLA BIERI CEAC		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number	59-3041282	Applied For Not Applicable	
Zip	Country Zip		Cour	ntry	5. Certificate of	5. Certificate of Status Desired   \$8.75 Additional Fee Required		
	6. Name and Address of Current I	Registered Agent		- Name	7. Name and A	ddress of New Registered	Agent	
SUPERIOR PROPERTY MANAGEMENT, INC. 2915 SR 590, STE 21					reet Address (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 33759				City FL Zip Code				
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or regi	stered agent, or both,	in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registere	ed Agent signature req	uired when reinstating)	DATE		
9. Capital Contributions as Shown on record. \$509,000.00 in FLORIDA to date				butions	11. MAKE CHECK PAYABLE TO DEPT, OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER TO NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on th	TITY M	IUST BE REG i; an amendn	ISTERED AND AC nent must be filed	TIVE WITH THIS OFFICE to change a general par	tner.	
12. GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS	SUPERIOR PROPERTY MANAGEMENT, INC.			EET ADDRESS	3000039963233 -04/13/0101024010 ****\$26,25 ****\$26,25			
CITY-ST-ZIP				/-ST-ZIP			44444060.20	
NAME	P98000055710 CANTEX PROPERTY SERVICES, INC.			EET AODRESS	<u>.</u>			
STREET ADDRESS CITY-ST-ZIP				'-ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS	-		,	
STREET ADDRESS CITY-ST-ZIP			CITY	/-ST-ZIP				
DOCUMENT # NAME			STR	EET AODRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP				
DOCUMENT # NAME			STRI	EET ADDRESS .				
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP	,			
DOCUMENT #			STR	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	′-ST-ZIP			-	
14. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for hat my signature shall have	r the exe	emption stated in e legal effect as	n Section 119.07(3)(i), if made under oath; t	Florida Statutes. I further cen nat I am a General Partner of	tify that the information the limited partnership or	

the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes (727)-796-01 7123

Gary F, Queen, President
Superior Property Management, Inc.

4/3/01