
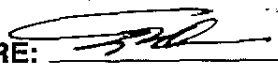


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Mar 12, 2004 08:00 AM
Secretary of State**

DOCUMENT # A30581			
1. Entity Name CANTERBURY ORLANDO CROSSINGS, LTD.			
Principal Place of Business 316 MONKS CT. LAKE MARY, FL 32746		Mailing Address 2915 SR 590, STE 21 CLEARWATER, FL 33759	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
03052004		Chg-LP	GR2E003 (10/03)
4. FEI Number 59-3041282		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SUPERIOR PROPERTY MANAGEMENT, INC. 2915 SR 590, STE 21 CLEARWATER, FL 33759		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.			
9. Capital Contributions as shown on record. \$509,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 #	J18813	STREET ADDRESS	
NAME	SUPERIOR PROPERTY MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	2915 SR 590, SUITE 21		
CITY-ST-ZIP	CLEARWATER, FL 33759		
DOCUMENT #	P98000055710	STREET ADDRESS	000000095639
NAME	CANTEX PROPERTY SERVICES, INC.	CITY-ST-ZIP	03/24/04-80042-008 535.00
STREET ADDRESS	347 RIVER OAKS W.		
CITY-ST-ZIP	OAKVILLE, ONTARIO CANADA,		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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)(f), 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: 		Gary F. Queen, President Superior Property Management, Inc. 3/9/04 796-7123	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		General Partner Date Daytime Phone #	



STAPLE CHECK HERE