


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED

07 MAY 17 PM 1:09

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A30581			
1. Entity Name CANTERBURY ORLANDO CROSSINGS, LTD.			
Principal Place of Business TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606		Mailing Address TWO N. RIVERSIDE PLAZA CHICAGO, IL 60606	
2. Principal Place of Business - No P.O. Box # <i>25 Milepo Parkway</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>SAME</i>	
City & State <i>Montvale NJ</i>		City & State	
Zip <i>07645</i>	Country <i>USA</i>	Zip	Country
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
4. FEI Number 59-3041282			
Applied For Not Applicable			
04222007 Chg-LP CR2E003 (12/06)			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00			
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 #	M06000005029	STREET ADDRESS	
NAME	EMPIRIAN LEXFORD GP 2 LLC	CITY-ST-ZIP	
STREET ADDRESS	25 PHILLIPS PARKWAY		
CITY-ST-ZIP	MONTVALE, NJ 07645		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
MST			
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____		Date <i>4/24/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Daytime Phone #</small>	

STAPLE CHECK HERE

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