
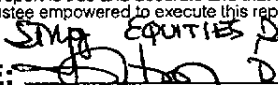


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Feb 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A94000001260</b>					
<b>1. Entity Name</b> CANTERBURY PLACE PARTNERS, LTD.					
<b>Principal Place of Business</b> 1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK, FL 32789			<b>Mailing Address</b> P.O. BOX 276 WINTER PARK, FL 32790		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt #, etc.			Suite, Apt #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3267282	
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STRONG, DAVID C 1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK, FL 32789				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$600,000.00			<b>10. Amount of Capital Contributions in FLORIDA to date.</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	P96000095123		STREET ADDRESS		
NAME	STRONG EQUITIES, INC.		CITY - ST - ZIP		
STREET ADDRESS	1201 SOUTH ORLANDO AVENUE, SUITE 360				
CITY - ST - ZIP	WINTER PARK, FL 32789				
DOCUMENT #			STREET ADDRESS	000000071431	
NAME			CITY - ST - ZIP	02/28/04-80024-012 526.25	
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STREET ADDRESS					
CITY - ST - ZIP					
<b>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</b>					
<b>SIGNATURE:</b>  <b>DAVID C. STRONG, Partner</b>			<b>1/20/04</b> <b>407 629-1800</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>		

STAPLE CHECK HERE