## 2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE

	1. Entity Name	OCUMENT # A9400001260 Entity Name CANTERBURY PLACE PARTNERS, LTD.				05 APR -4 AM 10: 55				
	Principal Place of Business  1201 SOUTH ORLANDO AVENUE, SUITE 360 WINTER PARK, FL 32789  Mailing Address P.O. BOX 276 WINTER PARK, FL 32790			90						
ŀ	2. Principal Pl	3. Mailing Address	iling Address							
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01052005	Chg-LP	CR2E003	(10/03)		
-	City & State Winter Park, FL		City & State			4. FEI Number 59-3267			Applied For Not Applicable	
	Zip 32789	Country USA	Zip Count		1ry	5. Certificate of Status Desired  Fee Required				
	Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
	STRONG, DAVID C 1 <del>201 SOUTH ORLANDO AVENUE, SUITE 3</del> 60 WINTER PARK, FL 32789				Street Address F. N. Box Sturgber is Not Acceptable)					
					Suite D					
	The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.				City Winter Park FL Zip Code 32789 tered office or registered agent, or both, in the State of Florida. Tam familiar with, and accept					
	SIGNATURE Signature, typed or critical name of registered agent and trial if applicable.				<del></del>		3	22/05		
	9. Capital Contributions as Shown on record. \$600,000.00 In FLORIDA to date.				butions					
Ī	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.									
1	12.	GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY					
	DOCUMENT / NAME	P96000095123 STRONG EQUITIES, INC.	STRE		EET ADDRESS 1 (	000 N. Orlando Ave., Ste D				
	STREET ADDRESS CITY-ST-ZIP	1 <del>291 SOUTH ORLANDO AVENU</del> WINTER PARK, FL-32789	<del>E, SUIT</del> E 360	CITY	'-ST-ZIP Wi	inter Park, FL 32789				
	DOCUMENT / NAME			STRE	EET ADDRESS					
	STREET ADDRESS CHTY-ST-ZIP	}		CITY	r-st-zip					
STAPLE CHECK HERE	DOCUMENT /			STR	EET ADDRESS	F;;71		5369	F	
	STREET ADDRESS CHY-ST-ZIP			CITY	'-ST-ZIP	0471170	305 <u>C3</u> %01021-	-001 **	\$26.25	
	DOCUMENT / NAME			STRI	EET ADDRESS					
	STREET ADDRESS CITY-ST-ZIP			CITY	r-St-ZIP					
	DOCUMENT # NAME			SIR	EET ADDRESS					
	STREET ADDRESS CITY-ST+ZIP			CITY	(-ST-ZIP					
	DOCUMENT # NAME		· · · · · · · · · · · · · · · · · · ·	SIR	EET ADDRESS					
	STREES ADDRESS CITY-ST-ZIP				'-ST-ZIP					
i	14. Increby 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 eath; 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 Stomto Faulities Inc. General Partner									

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER David C. Strong

3/22/05

407-629-1800

Daviere Prope#