		. 45,500				
		Not Applicable				
\$8.75 Additional Fee Required						
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2600 UNIFO	RM BUSINESS	REPORT (UBR)
DOCUMENT # 1. Entity Name	A02137	

1973 GALBRAITH "A" LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

00 FEB 24 AM 10: 22

400 E. SOUTH SUITE 500 ORLANDO FL		400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801-2816				
Principal Place of Business 450 S. Orange Avenue Suite, Apt. #, etc.		3. Mailing Address 450 S. Orange Avenue Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number 59-1489817 Applied For Not Applicable		
Zip 32801-	Country 3336 USA	Zip	Country USA	5. Certificate of Status Desired See Required Fee Required		
32001-	6. Name and Address of Current I	32801-3336 Registered Agent		7. Name and Address of New Registered Agent		
BOURNE, 400 E. SO SUITE 500 QRLANDO	1		450	ress (P.O. Box Number is Not Acceptable) S. Orange Avenue FL Zip Code 32801-3336		
• The shows	named antity submits this statement for	the purpose of changing its r				
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. SiGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
9. Capital Col		10. Amount of Capital in FLORIDA to da		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A GENERAL PARTNER T	HAT IS A BUSINESS ENT	ITY MUST BE RE	GISTERED AND ACTIVE WITH THIS OFFICE. Iment must be filed to change a general partner.		
12.	GENERAL PARTNER		13.	ADDRESS CHANGES ONLY		
DOCUMENT#			STREET ADDRESS	450.5		
NAME STREET ADORESS CITY-ST-ZIP	STREET ADDRESS 400 E. SOUTH ST., STE. 500		CITY-ST-ZIP	450 S. Orange Avenue Orlando, FL 32801-3336		
DOCUMENT# NAME	NAME GALBRAITH MANAGEMENT CO. STREET ADDRESS 400 E. SOUTH ST., STE. 500		STREET ADDRESS	450 S. Orange Avenue		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32801-3336		
DOCUMENT#			STREET ADDRESS			
STREET ADDRESS CITY 2 ST - ZIP			CITY-ST-ZIP	500003161445 1 -03/08/0001013008 		
DOCIJMENT#			STREET ADDRESS	***************************************		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP			
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STREET AD/DRESS CITY-ST-ZIP			CFTY-ST-ZIP			
DOCUMENT# NAME			STREET ADDRESS			
STREET ADDRESS CITY-ST-ZIP			CITY - ST - ZIP			
14. I hereby o	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 oath; that I am a General Partner of the limited partnership or the receiver or trustee empewered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

James C. Galbraith 407 650-1552

Date 2/18/00

Daytime Phone #