

2001 UNIFORM BUSINESS REPORT (UBR)

0002058 AF

DOCUMENT # A02137

1. Entity Name

1973 GALBRAITH "A" LIMITED PARTNERSHIP

Principal Place of Business

405 S. ORANGE AVE.
ORLANDO FL 32801-3336

Mailing Address

405 S. ORANGE AVE.
ORLANDO FL 32801-3336

2. Principal Place of Business

450 S. Orange Avenue
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 4920
Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

4. FEI Number
59-1489817

Applied For
 Not Applicable

Zip
32801-3336

Country
USA

Zip
32802-4920

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOURNE, ROBERT A
405 S. ORANGE AVE.
ORLANDO FL 32801-3336

Name
Street Address (P.O. Box Number is Not Acceptable)
500004421495--0
450 S. Orange Avenue -06/14/01--01131--021
City **Orlando, FL** ****526.25 ZIP Code **FL 32801-3336**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$250,000.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP

GALBRAITH, JAMES C
405 S. ORANGE AVE.
ORLANDO FL 32801-3336

STREET ADDRESS
CITY-ST-ZIP

450 S. Orange Avenue
Orlando, FL 32801-3336

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

698955
GALBRAITH MANAGEMENT CO.
405 S. ORANGE AVE.
ORLANDO FL 32801-3336

STREET ADDRESS
CITY-ST-ZIP

450 S. Orange Avenue
Orlando, FL 32801-3336

DOCUMENT #
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14. I hereby 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

James C. Galbraith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James C. Galbraith 4/3/01 (407) 650-1000

Date Daytime Phone #

FILED
2001 MAY 11 AM 10:57
DIVISION OF STATE REGISTRATION

DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)