


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Mar 15, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A02137</b> 1. Entity Name 1973 GALBRAITH "A" LIMITED PARTNERSHIP	
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Principal Place of Business 450 S. ORANGE AVE. ORLANDO, FL 32801-3336	Mailing Address P.O. BOX 4920 ORLANDO, FL 32802-4920
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<b>DO NOT WRITE IN THIS SPACE</b>
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03062007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-1489817	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  BOURNE, ROBERT A 450 S. ORANGE AVE. ORLANDO, FL 32801-3336
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

U00000668206  
03/27/07-80020-021 500.00

**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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GALBRAITH, JAMES C 450 S. ORANGE AVE. ORLANDO, FL 328013336
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	698955 GALBRAITH MANAGEMENT CO. 450 S. ORANGE AVE. ORLANDO, FL 328013336
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**DO NOT WRITE  
IN THIS SPACE**

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

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE