

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:29

DOCUMENT # A02137

1. Entity Name

1973 GALBRAITH "A" LIMITED PARTNERSHIP



**DO NOT WRITE IN THIS SPACE**

SU0014910448  
03/28/03--01051--008 \*\*526.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
450 S. ORANGE AVENUE

3. Mailing Address  
P.O. BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

4. FEI Number  
591489817

Applied For  
 Not Applicable

Zip  
32801

Country  
USA

Zip  
32802

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
ROBERT A. BOURNE

Street Address (P.O. Box Number is Not Acceptable)

450 S. ORANGE AVENUE

City  
ORLANDO

FL

Zip Code  
32801

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

Signature, typed or printed name of registered agent and date if applicable.

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 FL. 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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

GALBRAITH, JAMES C.  
450 S. ORANGE AVENUE  
ORLANDO, FL 32801-3336

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

GALBRAITH MANAGEMENT CO.  
450 S. ORANGE AVENUE  
ORLANDO, FL 32801-3336

STREET ADDRESS  
CITY-ST-ZIP

*Self 3/26*

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*

JAMES C. GALBRAITH

2/21/03

Date

407-650-1068

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)