


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

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

<b>DOCUMENT # A03690</b> 1. Entity Name 1974 GALBRAITH 'A-B' LIMITED PARTNERSHIP	
--	---

Principal Place of Business 450 S. ORANGE AVENUE ORLANDO, FL 32801-3336	Mailing Address P.O. BOX 4920 ORLANDO, FL 32802-4920
---	--

**DO NOT WRITE IN THIS SPACE**



03062007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1538610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  BOURNE, ROBERT A 450 S. ORANGE AVENUE ORLANDO, FL 32801-3336	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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**

U00000658228  
03/27/07-80021-002 500.00

**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 450 S. ORANGE AVENUE ORLANDO, FL 328013336
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	 698955 GALBRAITH MANAGEMENT CO. 450 S. ORANGE AVENUE ORLANDO, FL 328013336
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

STAPLE CHECK HERE

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 L. Galbraith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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