DOCU 1. Entity Nam	MENT # A0489	7				•				
1976 GALBRAITH I LIMITED PARTNERSHIP					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
Principal Place 400 E. SOUTI SUITE 500 ORLANDO FL			! !!!!!! !!	00 FEB 24						
2. Principal Place of Business 450 S. Orange Avenue Suite, Apt. #, etc. 3. Mailing Address 450 S. Orange Suite, Apt. #, etc.			nge Ave	nue	DO NOT WRITE IN THIS SPACE					
City & Stat Orlan Zip	e do, FL Country	City & State Orlando, Fl	L_ Country		FEI Number Certificate of	59-1704741 f Status Desired		Not A	lied For Applicable onal	
32801	-3336) USA	32801-3336	USA_	i	7 Name and A	ddress of New Reg		ee Required		
6. Name and Address of Current Registered Agent					7. Name and A	iddless of New Reg	Isleieu A	jeni		
BOURNE, 400 E. SC SUITE 500	Street 4	Street Address (P.O. Box Number is Not Acceptable) 450 S. Orange Avenue								
ORLANDO FL 32801				rland	io		FL	Zip Code 32801		
8. The above	named entity submits this statement for Signature, typed or printed name of registered agent ar			or registere	ed agent, or both,	in the State of Florid	da.			
9. Capital Contributions as Shown on record. \$592,100.00 In FLORIDA to date				\$592,100.00 SEE REV			ECK PAYABLE TO DEPT. OF STATE ERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER TH NOTE: General Partners MA	HAT IS A BUSINESS ENTI I NOT be changed on the	ITY MUST BE form; an am	REGISTI endment	ERED AND AC must be filed	TIVE WITH THIS to change a gen	OFFICE. eral parti	ner.		
12.	GENERAL PARTNER		13.			ADDRESS CHAN		_		
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	GALBRAITH, JAMES C 400 E. SOUTH ST., STE. 500 ORLANDO FL 32801	STREET ADDRESS	45	150 S. Orange Avenue Orlando, FL 32801-3336						
DOCUMENT# NAME	698955 GALBRAITH MANAGEMENT CO.	STREET ADDRESS	.	450 S. Orange Avenue						
STREET ADDRESS CITY-ST-ZIP	400 E. SOUTH ST., STE. 500 ORLANDO FL 32801		CITY+ST+ZIP	Or	lando, i	FL 32801-	3336			
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CITY - ST - ZIP DOCUMENT #			CITY-ST-ZIP STREET ADDRESS			-03/08/(****52(₩## * \$26		
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STREET ADDRESS City-St-20P			CTTY-ST-ZEP							

14. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

ames C. Galbraith 4

407 650-1552

2/18/00 Daytime

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