

2001 UNIFORM BUSINESS REPORT (UBR)

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AF

DOCUMENT # A04897
1. Entity Name
1976 GALBRAITH I LIMITED PARTNERSHIP

Principal Place of Business
**450 S. ORANGE AVENUE
ORLANDO FL 32801-3336**

Mailing Address
**450 S. ORANGE AVENUE
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

Zip Country
32801-3336 USA

Zip Country
32802-4920 USA

FILED
2001 MAY 11 AM 10:54
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1704741**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**BOURNE, ROBERT A
450 S. ORANGE AVENUE
ORLANDO FL 32801-3336**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$592,100.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$592,100.00**

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 #	GALBRAITH, JAMES C 450 S. ORANGE AVENUE ORLANDO FL 32801-3336	STREET ADDRESS	700004421497--4
NAME		CITY-ST-ZIP	
STREET ADDRESS			
DOCUMENT #	698955 GALBRAITH MANAGEMENT CO. 450 S. ORANGE AVENUE ORLANDO FL 32801-3336	STREET ADDRESS	-06/14/01--01131--023
NAME		CITY-ST-ZIP	****526.25 ****526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			

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** **4/3/01** **(407) 650-1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)