

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 10 PM 2: 29

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



DO NOT WRITE IN THIS SPACE

800014910368
03/28/03--01051--006 **526.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
450 S. ORANGE AVENUE
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 4920
Suite, Apt. #, etc.

DUE BY MAY 1

City & State
ORLANDO, FL

City & State
ORLANDO, FL

4. FEI Number
59-1704741

Applied For
 Not Applicable

Zip
32801-3336

Country
USA

Zip
32802-4920

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 **32801-3336**

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 date if applicable.

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 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 #	GALBRAITH, JAMES	STREET ADDRESS
NAME	450 S. ORANGE AVENUE	CITY-ST-ZIP
STREET ADDRESS	ORLANDO, FL 32801-3336	
CITY-ST-ZIP		
DOCUMENT #	698955	STREET ADDRESS
NAME	GALBRAITH MANAGEMENT CO.	CITY-ST-ZIP
STREET ADDRESS	450 S. ORANGE AVENUE	
CITY-ST-ZIP	ORLANDO, FL 32801-3336	
DOCUMENT #		STREET ADDRESS
NAME		CITY-ST-ZIP
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

JCF 3/26

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

CR2E003B (12/02)

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 2/21/03 407-650-1068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #