

2001 UNIFORM BUSINESS REPORT (UBR)

0002066 AF

DOCUMENT # A94000001060
 1. Entity Name
 1991 GALBRAITH OIL AND GAS PROGRAM 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
 Suite, Apt. #, etc.


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

City & State
 Orlando, FL

City & State
 Orlando, FL

Zip Country
 32802-4920 USA

FILED
 2001 MAY 11 AM 11:05
 DIVISION OF CORPORATIONS
 FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GALBRAITH, JAMES C
450 S. ORANGE AVENUE
ORLANDO FL 32801-3336

4. FEI Number **59-3055528**

Applied For
 Not Applicable

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record. **\$410,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$410,000.00**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200004421492--0
CITY-ST-ZIP	-06/14/01--01131--019
STREET ADDRESS	*****526.25 *****526.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	SL
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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)