

2001 UNIFORM BUSINESS REPORT (UBR)

0002056 AF

DOCUMENT # A95000000077

Entity Name

1993 GALBRAITH OIL AND GAS PARTNERSHIP, LTD.

FILED

2001 MAY 11 AM 10:56

DIVISION OF CORPORATIONS



DO NOT WRITE IN THIS SPACE

Principal Place of Business 450 S. ORANGE AVENUE ORLANDO FL 32801-3336	Mailing Address 450 S. ORANGE AVENUE ORLANDO FL 32801-3336
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address P.O. Box 4920 Suite, Apt. #, etc.
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City & State	City & State Orlando, FL
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Zip	Country	Zip 32802-4920	Country USA
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4. FEI Number 59-3190677	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

GALBRAITH, JAMES C
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$525,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$525,000.00**

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 #	GALBRAITH, JAMES C
NAME	450 S. ORANGE AVENUE
STREET ADDRESS	ORLANDO FL 32801-3336
CITY-ST-ZIP	
DOCUMENT #	698955
NAME	GALBRAITH MANAGEMENT CO.
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	600004421496--7
STREET ADDRESS	-06/14/01--01131--022
CITY-ST-ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	SL
STREET ADDRESS	
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* **SIGNATURE REQUIRED** 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)