

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAR 10 PM 2:29

DOCUMENT # A98000000961

1. Entity Name

1996 GALBRAITH OIL AND GAS  
PARTNERSHIP, LTD.



**DO NOT WRITE IN THIS SPACE**

100014909691  
03/28/03--01051--002 \*\*526.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
450 S. ORANGE AVENUE

3. Mailing Address  
P.O. BOX 4920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1**

City & State  
ORLANDO, FL

City & State  
ORLANDO, FL

4. FEI Number 59-3375729

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 JAMES C. GALBRAITH

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$425,000.00

10. Amount of Capital Contributions in FLORIDA to date. \$425,000.00

**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 C  
NAME  
STREET ADDRESS 450 S. ORANGE AVENUE  
CITY-ST-ZIP ORLANDO, FL 32801-3336

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
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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

2/21/03

Date

407-650-1068

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/02)