


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED JAN 19 1999 CORPORATION DIVISION	
<b>1. Name of Limited Partnership</b>  1995 Galbraith Oil and Gas Partnership, Ltd.		<b>1a. DOCUMENT #</b> A98000002895		<b>3. Date Filed for Report</b> 12/29/98 <b>3a. Date of Last Report</b> N/A <b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> N/A Suite, Apt. #, etc. City & State Zip Country		<b>2a. Principal Office Address</b> N/A Suite, Apt. #, etc. City & State Zip Country		<b>5a. Capital Contributions</b> \$425,000 <b>5b. Amount of Capital Contributions in Florida</b> \$425,000 <b>6. FID Number</b> 59-3309029 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. Certificate of State Debt</b> <input type="checkbox"/> \$8.75 A.D. Fee Required <b>8. Member(s) payable to Dept. of State</b>	

<b>9. Name and Address of Current Registered Agent</b> James C. Galbraith Suite 204 CNL Building 400 East South Street Orlando, FL 32801		<b>10. Registered Agent's Registered Office</b> Name: N/A Street Address: (P.O. Box Number, R.F.A. acceptable) Suite, Apt. #, etc. City FL Zip Code	
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**10a.** Pursuant to the provisions of sections 620.105(1) and 620.192, Florida Statutes, the above named limited partnership hereby certifies that the filing of this report is for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the general partner(s). This filing is not the responsibility of the registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

Signed: N/A Date: N/A

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> James C. Galbraith The Galbraith Management Company, Inc.		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> CNL Building 400 E. South Street Orlando, FL 32801 400 E. South Street Orlando, FL 32801		<b>11b. City, State &amp; Zip Code</b> Orlando, FL 32801 Orlando, FL 32801		<b>11c. Registered Office Number</b> 1 800 276 6191 - 6 -02/05/99--01087--023 ****526.25 ****526.25 N/A 698955	
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) in the event that the information supplied is deemed to comply with paragraph (a). I further certify that the information contained on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, partner or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: *James C. Galbraith* DATE: 1/13/99  
Typed or Printed Name of General Partner Signing Form: James C. Galbraith  
Daytime Telephone Number: (407) 423-2039

CR2003 (8-98)