

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002895

1. Entity Name

1995 GALBRAITH OIL AND GAS PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:22



Principal Place of Business

CNL BUILDING
400 EAST SOUTH STREET, SUITE 204
ORLANDO FL 32801

Mailing Address

CNL BUILDING
400 EAST SOUTH STREET, SUITE 204
ORLANDO FL 32801-2816

2. Principal Place of Business

450 S. Orange Avenue
Suite, Apt. #, etc.

3. Mailing Address

450 S. Orange Avenue
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3309029

Applied For

Not Applicable

Zip

Country

32801-3336

USA

Zip

Country

32801-3336

USA

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALBRAITH, JAMES C
CNL BUILDING
400 EAST SOUTH STREET, SUITE 204
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name
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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

mf 3/6/00

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 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

13. ADDRESS CHANGES ONLY

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	GALBRAITH, JAMES C	450 S. Orange Avenue	Orlando, FL 32801-3336
	THE GALBRAITH MANAGEMENT COMPANY, INC.	450 S. Orange Avenue	Orlando, FL 32801-3336

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

James C. Galbraith 407 650-1552

Date 2/18/00 Daytime Phone #

CR2E003 (9/99)