

**2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006**

**FILED
Mar 13, 2006 08:00 AM
Secretary of State**

503



01242006 No Chg-LP CR2E003 (11/05)

DOCUMENT # A98000002895
1. Entity Name
1995 GALBRAITH OIL AND GAS PARTNERSHIP, LTD.



Principal Place of Business: 450 S. ORANGE AVENUE, ORLANDO, FL 32801-3336
Mailing Address: P.O. BOX 4920, ORLANDO, FL 32802-4920

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3309029 Applied For: Not Applicable
5. Certificate of Status Desired: \$6.75 Additional Fee Required

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

DO NOT WRITE IN THIS SPACE

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

1100000464840
13/22/06-2006-024 500.00

**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 328013336
DOCUMENT #	698955
NAME	THE GALBRAITH MANAGEMENT COMPANY, INC.
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 328013336
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-24-06 (407) 650-1288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #