

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:39

DOCUMENT # A02000000012

1. Entity Name
1998 GALBRAITH OIL PARTNERSHIP, LTD.



Principal Place of Business
450 S. ORANGE AVE.
ORLANDO, FL 32801

Mailing Address
P.O. BOX 4920
ORLANDO, FL 32802

DO NOT WRITE IN THIS SPACE



03112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3512181

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GALBRAITH, JAMES C
450 S. ORANGE AVE.
ORLANDO, FL 32801

**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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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	STREET ADDRESS	CITY-ST-ZIP
	GALBRAITH, JAMES C	450 S. ORANGE AVE.	ORLANDO, FL 32801
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	698955 THE GALBRAITH MANAGEMENT COMPANY INC	450 S. ORANGE AVE.	ORLANDO, FL 32801
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

100121247631
03/26/08--01002--019 **500.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/08

Date

407-770-2580

Daytime Phone #