2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # A02000000012** 03 APR 28 AM 8: 37 1. Entity Name 1998 GALBRAITH OIL PARTNERSHIP, LTD. SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address CNL BUILDING CNL BUILDING 400 EAST SOUTH ST 4/28 400 EAST SOUTH ST ORLANDO, FL 32801 ORLANDO, FL 32801 3. Mailing Address 2. Principal Place of Business 450 S Suite, Apt. #, etc. Suite. Apt. #. etc. DUE BY MAY 1: 2005 City & State Applied For City & State Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GALBRAITH, JAMES C CNL BUILDING Street Address (P.O. Box Number is Not Acceptable) 400 EAST SOUTH ST ORLANDO, FL 32801 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 the obligations of egistered agent. rall w SIGNATURE DATE 10. Amount of Capital Contributions in FLORIDA to date. 435 Capital Contributions
as Shown on record. \$146,000.00 III 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. CR2E003 (10/02) DOCUMENT # STREET ADDRESS GALBRAITH, JAMES C NAME CNL BUILDING 400 EAST SOUTH ST STREET ADDRESS CITY - ST - ZIP ORLANDO, FL 32801 CITY-S1-7IP DOCUMENT # STREET ADDRESS NAME THE GALBRAITH MANAGEMENT COMPANY INC STREET ADDRESS CNL BUILDING 400 EAST SOUTH ST CITY - ST - 7IP ORLANDO, FL 32801 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

FER

SIGNATURE

ami

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER