

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

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

DOCUMENT #A03690

1. Entity Name
1974 GALBRAITH 'A-B' LIMITED PARTNERSHIP



Principal Place of Business
**450 S. ORANGE AVENUE
ORLANDO, FL 32801-3336**

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



01242006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1538610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BOURNE, ROBERT A
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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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
450 S. ORANGE AVENUE
ORLANDO, FL 328013336**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**698855
GALBRAITH MANAGEMENT CO.
450 S. ORANGE AVENUE
ORLANDO, FL 328013336**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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000100465281
03/22/06-80030-003 500.00

**DO NOT WRITE
IN THIS SPACE**

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

1-24-06 (407)650-1288

Date

Daytime Phone #

STAPLE CHECK HERE