


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # A03690 1. Entity Name 1974 GALBRAITH 'A-B' LIMITED PARTNERSHIP	
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Principal Place of Business 450 S. ORANGE AVENUE ORLANDO, FL 32801-3336	Mailing Address P.O. BOX 4920 ORLANDO, FL 32802-4920
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DO NOT WRITE IN THIS SPACE



03062007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-1538610	Applied For 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
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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, 2007, Fee will be \$900.00	U00000068228 03/27/07-80021-002 500.00
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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
STREET ADDRESS	450 S. ORANGE AVENUE
CITY- ST- ZIP	ORLANDO, FL 328013336
DOCUMENT #	698955
NAME	GALBRAITH MANAGEMENT CO.
STREET ADDRESS	450 S. ORANGE AVENUE
CITY- ST- ZIP	ORLANDO, FL 328013336
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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

Date _____ Daytime Phone # _____

STAPLE CHECK HERE