

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:39

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

DO NOT WRITE IN THIS SPACE



03112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-1538610

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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 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
450 S. ORANGE AVENUE
ORLANDO, FL 328013336

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

900121247579
03/26/08--01002--018 **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

3/14/08

Date

407-770-2580

Daytime Phone #

STAPLE CHECK HERE