FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP - WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

,		<u></u>			
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State	SECRETA DIVISION OF	ILED RY OF STATE CORPORATIONS	
1. Name of Limited Partnership	1a. DOCUM A16577			1 AM 8: 14 mm	
1984 GALBRAITH LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
400 E. SOUTH ST., SUITE 500	400 E. SOUTH ST., SUITE 500		03/09/1984		
ORLANDO FL 32801	ORLANDO FL 32801		3a. Date of Last Report	\$725,000.00	
			12/16/1997	5b. Amount of Capital Contributions in FLORIDA	
			4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Address	Za. Principal Office Address	2a. Principal Office Address		\$725,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country		Fee Required State (See reverse side for fee Information)	
		·			
9. Name and Address	s of Current Registered Agent		10. If changed, new Registered	I Agent/Office	
BOURNE, ROBERT A		Name		'	
400 E. SOUTH ST.		Street Address (P.O.	Box Number Is Not Acceptable)		
SUITE 500		Suite, Apt. #, etc.			
ORLANDO FL 32801		City FI Zip Code			
for the purpose of changing its registere agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoin		la. Such change was a	uthorized by its general partner(s). I hereby	State of Florida, submits this statement y accept the appointment of registered	
A GENERAL PARTNER	THAT IS A CORPORATION, L MUST BE REGISTERED AN	IMITED PAR D ACTIVE W	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	5		11c. Registration/ Document Number	
GALBRAITH, JAMES C	400 E. SOUTH ST. #500	}	RLANDO FL		
		1			

1001 DE REGIGIERED ANTO TOTAL								
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number					
GALBRAITH, JAMES C	400 E. SOUTH ST. #500	ORLANDO FL						
THE GALBRAITH MANAGEMENT COM	400 E. SOUTH ST., SU	ORLANDO FL 32801	698955					
· ;		5000027: -01/08/9 ****526	35045 8 901089006 ,25 ****526,25					

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.	I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on
	this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee
	empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Same L.	Lall sell	DATE	11/27/98	
Typed or Printed Name of General Partner Signing Form	James C. Galbraith	Daytime Telephone Number	(407) 650-1000	