

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

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

**DOCUMENT # A94000001060**

1. Entity Name  
**1991 GALBRAITH OIL AND GAS PROGRAM  
PARTNERSHIP, LTD.**



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**



01242006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**59-3055526**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GALBRAITH, JAMES C  
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, 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 C  
450 S. ORANGE AVENUE  
ORLANDO, FL 328013336**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000465284  
11/22/06-80030-004 500.00

**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