


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 15, 2007 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



03062007 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3055528	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 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 _____ 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

000000658224
03/27/07-80021-001 500.00

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	GALBRAITH, JAMES C
STREET ADDRESS	450 S. ORANGE AVENUE
CITY-ST-ZIP	ORLANDO, FL 328013336
DOCUMENT #	698955
NAME	THE GALBRAITH MANAGEMENT COMPANY
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: *James C. Galbraith*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____ Daytime Phone # _____

STAPLE CHECK HERE