

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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

DOCUMENT # A98000002895

1. Entity Name
1995 GALBRAITH OIL AND GAS PARTNERSHIP, LTD.



Principal Place of Business
450 S. ORANGE AVENUE
ORLAND, FL 32801-3336

Mailing Address
P.O. BOX 4920
ORLANDO, FL 32802-4920



03062007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3309029

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, 2007, Fee will be \$900.00

000000668217

03/27/07 00220 024 500.00

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, INC.
STREET ADDRESS	450 S. ORANGE AVENUE
CITY - ST - ZIP	ORLANDO, FL 328013336
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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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