

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 MAR 28 AM 8:39

**DOCUMENT # A98000002895**

1. Entity Name  
1995 GALBRAITH OIL AND GAS 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**



03112008 No Chg-LP

CR2E003 (12/06)

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, 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           | 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    |  |
| DOCUMENT #     |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |
| DOCUMENT #     |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

400121247294  
03/26/08--01002--014 \*\*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