



2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 11 AM 10:35

DOCUMENT # B04000000365					
1. Entity Name GALBRAITH CAPITAL EQUITY MARKET NEUTRAL FUND, L.P.					
Principal Place of Business 113 WATEREDGE COURT SAFETY HARBOR, FL 34695			Mailing Address 113 WATEREDGE COURT SAFETY HARBOR, FL 34695		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 201339688	
				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, JOSEPH 113 WATEREDGE COURT SAFETY HARBOR, FL 34695				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$125,000,000.00			10. Amount of Capital Contributions in FLORIDA to date. 507427.18		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	B04000000364		STREET ADDRESS		
NAME	GALBRAITH CAPITAL, L.P.		CITY-ST-ZIP		
STREET ADDRESS	113 WATEREDGE COURT				
CITY-ST-ZIP	SAFETY HARBOR, FL 34695				
DOCUMENT #			STREET ADDRESS	400057767744	
NAME			CITY-ST-ZIP	07/22/05--01003--005 **526.25	
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STREET ADDRESS					
CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			7-6-05 727-797-4048		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		