

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

<p>LIMITED PARTNERSHIP ANNUAL REPORT 1999</p>		<p align="center">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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FILED

99 APR -7 AM 11:24



<p>1. Name of Limited Partnership</p> <p>US INCOME FUND IX LTD.</p>	<p>1a. DOCUMENT # A29350</p>
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<p>2. Mailing Address</p> <p>1395 KENNETH AVE CASSELBERRY FL 32707</p>	<p>2a. Principal Office Address</p> <p>1395 KENNETH AVE CASSELBERRY FL 32707</p>	<p>3. Date Formed or Registered</p> <p align="center">12/15/1989</p>	<p>5a. Capital Contributions as Shown on record.</p> <p align="center">\$3,830,000.00</p>
<p>Suite, Apt. #, etc.</p>	<p>Suite, Apt. #, etc.</p>	<p>3a. Date of Last Report</p> <p align="center">01/02/1998</p>	<p>5b. Amount of Capital Contributions in FLORIDA to date</p>
<p>City & State</p>	<p>City & State</p>	<p>4. State or Country of Formation</p> <p align="center">FL</p>	<p>6. FEI Number</p> <p align="center">59-2982354</p> <p><input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable</p>
<p>Zip Country</p>	<p>Zip Country</p>	<p>7. Certificate of Status Desired</p> <p><input type="checkbox"/> \$8.75 Additional Fee Required</p>	<p>8. Make check payable to Dept. of State (See reverse side for fee information)</p>

9. Name and Address of Current Registered Agent

O'LEARY, MARY M
1395 KENNETH AVE.
CASSELBERRY FL 32707

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
DISSMANN, ROBERT DR.	8000 MUNCHEN 2	WEST GERMANY	600002837106--4 -04/12/99--01144--019 4-9-99 ****526.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Mary M O'Leary attorney in fact for Robert Dissmann* DATE *April 6, 1999*

Typed or Printed Name of General Partner Signing Form *Mary M O'Leary, attorney in fact for Robert Dissmann* Daytime Telephone Number *407/481-5229*

CR2E003 (12/98)