

# 2000 UNIFORM BUSINESS REPORT (UBR)

0001069 AF

DOCUMENT # **A29350**

1. Entity Name  
**US INCOME FUND IX LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -3 PM 12:18

Principal Place of Business <b>1395 KENNETH AVE CASSELBERRY FL 32707</b>	Mailing Address <b>1395 KENNETH AVE CASSELBERRY FL 32707-3723</b>
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2. Principal Place of Business <b>3250 Bermuda Isle Circle</b>	3. Mailing Address <b>same</b>
Suite, Apt. #, etc. <b>824</b>	Suite, Apt. #, etc. <b>same</b>
City & State <b>Naples, FLORIDA</b>	City & State <b>same</b>
Zip <b>34109</b>	Zip <b>same</b>
Country <b>COULIER</b>	Country <b>same</b>

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2982354</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**O'LEARY, MARY M  
1395 KENNETH AVE.  
CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent

Name <b>MARY M. O'LEARY-WILSON</b>
Street Address (P.O. Box Number is Not Acceptable) <b>3250 BERMUDA ISLE CIRCLE # 824</b>
City <b>NAPLES</b>
State <b>FL</b>
Zip Code <b>34109</b>

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.

SIGNATURE *Mary M. O'Leary-Wilson* DATE **02/29/00**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$3,830,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>DISSMANN, ROBERT DR.</b>
NAME	<b>8000 MUNCHEN 2</b>
STREET ADDRESS	<b>WEST GERMANY</b>
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY

STREET ADDRESS	<b>300003173083-8</b>
CITY - ST - ZIP	<b>03/16/00 01000 002 ****535.00 ****535.00</b>
STREET ADDRESS	
CITY - ST - ZIP	<b>rf 3/15/00</b>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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 *Robert Dissmann* DATE **02/02/00** DAYTIME PHONE # **941/566-7029**

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING GENERAL PARTNER

**DR. ROBERT DISSMANN, GENERAL PARTNER**

CR2E003 (9/99)