2001 UNIFORM BUSINESS REPORT (UBR

2001 UNIFORM BUSINESS REPORT (UBR)	
DOCUMENT # A 29360	
1. Entity Name US INCOME FUND IX LT	D FILED
· Carryto V	01 AUG 24 PH 12: 17
Principal Place of Business 3250 Bermuda IBE Circle, #824	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Naples, FLORIDA 34109	
2. Principal Place of Business 170 Wind5ong Cowf UZO Wind: Suite, Apt. #, etc. 3. Mailing Address 120 Wind: Suite, Apt. #, etc.	Song Court DO NOT WRITE IN THIS SPACE
City & State Lake Many Flonda Lake Many 3 Zip	Flondo 4. FEI Number 59-2982354 Applied For Not Applicable
32746 Country USA Zip 32746	Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARY M. O'LEARY - WILSON Street Address (P.O. Box Number is Not Acceptable)	
3250' BERMUNA ISHE CIRCLEHOL	
NAPLEZ, FLORIBA 34109 120 WINDSONG COURT	
Cank 11/01/ FE 32/40	
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 Signature, typed or printer name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE	
9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
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, POOQOOD 98459 NAME MUNICH DWESTMENTS, Drc	STREET ADDRESS 120 WINGSTON COUNT
STREET ADDRESS LIBOVILLO di Este Terroce #204	CITY-ST-ZIP 1216 Main 1770 Main 32716 8
DOCUMENT : CAKE MANY FLONDS 32746	STREET ADDRESS
NAME STREET ADDRÉS	STREET ADDRESS
CITY-ST-ZIP	CITY-SI-ZIP
DOCUMENT # NAME .	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP -03/05/0101020017
DOCUMENT # NAME	****535.UU ****535.UU STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT # NAME	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP
DOCUMENT / NAME	STREET ADDRESS
STREET ADDRESS CITY-ST-ZIE	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 affect as if made under oath; that I am a General Partner of the limited partnership or	
the reverse or trusted empowered to execute this report as required by Chapter 620. Florida Statutes	
SIGNATURE WILL OF SIGNING GENERAL PARTNER LICE Date Dayline Phone # [1]	