

# 2001 UNIFORM BUSINESS REPORT (UBR)

0008261 AF

DOCUMENT # A00000001612

1. Entity Name

SMIGIEL PARTNERS IX, LTD.

Principal Place of Business

7965 LANTANA ROAD  
LAKE WORTH FL 33467

Mailing Address

P.O. BOX 540623  
LAKE WORTH FL 33454

FILED

01 FEB -5 PM 5:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1048892

Applied For

Not Applicable

Zip

Country

Zip

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

GARY SMIGIEL, L.C.  
7965 LANTANA ROAD  
LAKE WORTH FL 33467

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

S.A. filed 1-23-01  
1,361,609.00

10. Amount of Capital Contributions in FLORIDA to date

\$1,361,609.00

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 # L93000000238  
NAME GARY SMIGIEL, L.C.  
STREET ADDRESS 7965 LANTANA ROAD  
CITY-ST-ZIP LAKE WORTH FL 33467

STREET ADDRESS 100003568611  
CITY-ST-ZIP 01/23/01 01105 007  
88.75

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS 100003568611-1  
CITY-ST-ZIP -02/06/01--01024--003  
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-17-2001

Date

Daytime Phone #

CR2E003 (11/00)