


2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000001612 1. Entity Name SMIGIEL PARTNERS IX, LTD.	
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Principal Place of Business 7965 LANTANA ROAD LAKE WORTH FL 33467	Mailing Address P.O. BOX 540669 LAKE WORTH FL 33454
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 65-1048892	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 GARY SMIGIEL, L.C. 7965 LANTANA ROAD LAKE WORTH FL 33467	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and filer if applicable.

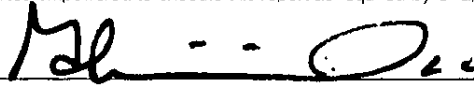
FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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 # NAME STREET ADDRESS CITY - ST - ZIP	L93000000238 GARY SMIGIEL, L.C. 7965 LANTANA ROAD LAKE WORTH FL 33467	STREET ADDRESS CITY - ST - ZIP	
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05/01/07-80028-001 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  4-17-07 561-968-3625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE