


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000001029 1. Entity Name G.L. HOMES OF BOYNTON BEACH ASSOCIATES IX, LTD.	
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FILED

06 MAY -1 PM 1:49

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Principal Place of Business 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	Mailing Address 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071
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2. Principal Place of Business 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300	3. Mailing Address 1600 Sawgrass Corp Pkwy Suite, Apt. #, etc. Suite 300
City & State Sunrise, FL	City & State Sunrise, FL
Zip 33323	Country USA

04032006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-1125476	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent G.L. HOMES OF BOYNTON BEACH IX, CORPORATIO 1401 UNIVERSITY DRIVE, SUITE 200 CORAL SPRINGS, FL 33071	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1600 Sawgrass Corp Pkwy, #300 City Sunrise
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	Zip Code 33323
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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 4/25/06

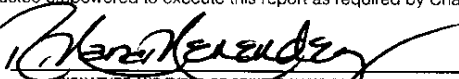
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 #	P010000013645	STREET ADDRESS	1600 Sawgrass Corp Pkwy #300
NAME	G.L. HOMES OF BOYNTON BEACH IX CORPORATION	CITY-ST-ZIP	Sunrise, FL 33323
STREET ADDRESS	1401 UNIVERSITY DRIVE, SUITE 200		
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		
DOCUMENT #		STREET ADDRESS	100074676311
NAME		CITY-ST-ZIP	05/16/06--01042--026 **508.75
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STREET ADDRESS			
CITY-ST-ZIP			

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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

N. MARIA MENENDEZ, VICE PRESIDENT

4/26/06

954-753-1730

Date Daytime Phone #

STAPLE CHECK HERE