

# **2008 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A04000001794

**FILED**  
**Jan 22, 2008**  
**Secretary of State**

**Entity Name:** C/MAX CAPITAL LIMITED PARTNERSHIP - IX

**Current Principal Place of Business:**

1550 SAWGRASS CORPORATE PKWY SUITE 230  
SUNRISE, FL 33323

**New Principal Place of Business:**

20155 NE 38 COURT  
#2304  
AVENTURA, FL 33180

**Current Mailing Address:**

20155 NE 38 COURT UNIT #2304  
2304  
AVENTURA, FL 33180

**New Mailing Address:**

20155 NE 38 COURT  
#2304  
AVENTURA, FL 33180

**FEI Number:** 20-1919904

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WATSON, MARC M  
1550 SAWGRASS CORPORATE PARKWAY, SUITE 230  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

WATSON, MARC M  
20155 NE 38 COURT  
#2304  
AVENTURA, FL 33180 US

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: \_\_\_\_\_

01/22/2008

Electronic Signature of Registered Agent

Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: C/MAX CAPITAL GP - IX, LLC

Address: 1550 SAWGRASS CORPORATE PARKWAY, SUITE 230

City-St-Zip: SUNRISE, FL 33323

**ADDRESS CHANGES ONLY:**

Address: 20155 NE 38 COURT #2304

City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEVIN WATSON

MGRM

01/22/2008

Electronic Signature of Signing General Partner

Date