2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

SIGNATURE: .

SIGNATURE AND TYPED OR PRINTED

SECRETARY OF STATE **DOCUMENT # A07000000978** DIVISION OF CORPORATIONS BUTTERS REAL ESTATE FUND IX. LLLP 08 JUN -9 PH 2: 16 Principal Place of Business Mailing Address 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04242008 Chg-LP CR2E003 (12/06) Applied For City & State City & State 4. FEI Number 76-074468 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Centificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOUK, JANE A Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER STREET, 2200 MUSEUM TOWER MIAMI, FL 33130 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little of applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY 13. DOCUMENT # L07000084204 STREET ADDRESS BUTTERS CAPITAL IX, LLC NAME :00131091496 10/08--01007--023 **500,00 STREET ADDRESS 6820 LYONS TECHNOLOGY CIRCLE, SUITE 100 CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK, FL 33073 DOCUMENT # B. Though JUN 0 9 2008 STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME *STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 or the receiver or trustee empowered to execute this report as shalf have the same legal effect as if made under oath; that I am a General Partner of the limited partnership vires by Chapter 620, Florida Statutes

SIGNUIO SENERAL PARTNER

Date

Daytime Phone #