WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITÉD PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #



99 JAN -4 PM 1:00



PARTNERSHIP	INT IX, LIVITED					
Mailing Address 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33602	Principal Office Address 201 NORTH FRANKLIN STREET, SUITE 2100 TAMPA FL 33602			3. Date Formed or Registered 02/13/1991 3a. Date of Last Report 10/03/1997 4. State or Country of Formation	5a. Capital Contributions as Shown on record, \$250,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address			FL FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 59-3079756		Applied For Not Applicable
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country		8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of Current Re	gistered Agent			10. If changed, new Registered	Agent/Office	
MITCHELL, STPEHEN J 201 NORTH FRANKLIN STREET SUITE 2100 TAMPA FL 33602		Name Streat Address (P.O. Scx Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code				
10a. Fursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	stered agent, or both, in the State of Fior					
A GENERAL PARTNER THAT IS MUST	A CORPORATION, BE REGISTERED AN	LIMITED ID ACTIV	PART	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gener	al Partner	11b.	City, State & Zic Code	_11c.	Registration/ Document Number
PARKER-RAL DEV IX, INC.	201 N. FRANKLIN, #210		TAMI	PAFL 000002 -01/21 ****5		7502 1004017 ****526.25
Note: General partners MAY NOT b	e changed on this forr	n; an am	endmer	t must be filed to cha	inge a g	eneral partner.

12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee as required by chapter 629. Florida Statutes.

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Typed or Printed Name of General Partner Signing Form