


**FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 DEC 30 AM 8:42

LIMITED PARTNERSHIP ANNUAL REPORT 1995 1997		FLORIDA DEPARTMENT OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership Baron Development Fund IX, Ltd.	1a. DOCUMENT # A96000002018
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2. New Mailing Address, if Applicable	DO NOT WRITE IN THIS SPACE
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Mailing Address c/o Gregory K. McGrath 7795 Cooper Road Cincinnati, OH 45242	Principal Office Address c/o Gregory K. McGrath 7795 Cooper Road Cincinnati, OH 45242
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If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in FLORIDA 10/30/1996	3a. Date of Last Report:	4. State or Country of Formation Florida
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5a. Capital Contributions as Shown on Record \$99.00	5b. Amount of Capital Contributions in FLORIDA to date \$99.00	6. FEI Number	<table border="1"> <tr> <td>Applied For</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Not Applicable</td> <td><input checked="" type="checkbox"/></td> </tr> </table>	Applied For	<input type="checkbox"/>	Not Applicable	<input checked="" type="checkbox"/>
Applied For	<input type="checkbox"/>						
Not Applicable	<input checked="" type="checkbox"/>						

7. CERTIFICATE OF STATUS REQUIRED
\$8.75 Additional Fee required for a Certificate of Status

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$437.50
 2.) Supplemental Fee: \$138.75 (pursuant to section 607.193, F.S.)
 THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
 Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
 MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent Michael Schmerge 28050 U.S. Highway, 19 North Suite 301 Clearwater, FL 34621	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s) Baron Capital XLII, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7795 Cooper Road	11b. City, State & Zip Code Cincinnati, OH 45242	11c. Registration/Document Number P96000093619
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100002052761--9
-01/09/97--01076--001
****200.00 ****200.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Gregory K. McGrath DATE 12.19.96

Typed or Printed Name of General Partner Signing Form Gregory K. McGrath, President Telephone Number _____