	DOCU	MENT	#	A98000002466
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1. Entity Name LNR HARBOR FUND LIMITED PARTNERSHIP NO. IX

Principal Place of Business 760 N.W. 107TH AVENUE, SUITE 300

MIAMI FL 33172



Mailing Address 760 N.W. 107TH AVENUE, SUITE 300

MIAM! FL 33172

MAY 22 AM 8:00

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2. Principal Place of Busine	\$\$S	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003				
1601 Washington Ave., Suite 800 Miami Beach, FL 33139 Zip Country		Miami Beach, FL 33139		4. FEI Number 65-0872915 Applied Fo			Applied For	
				5. Certificate of Status Desired				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
LNR HARBOR FUND GP IX, INC. 760 N.W. 107TH AVENUE, SUITE 300 MIAMI FL 33172			Street Address (P.O. Box Number is Not Acceptable) -1601 Washington Ave., Suite 800 Miami Beach, FL 33139 C FL Zip Code					
8. The above named entity the obligations of register		or the purpose of changing its reg	istered office or registe	ered agent, or both, in	the State of Florida. I	am familia	r with, and accept	
SIGNATURE Signature, typed or	printed name of registered agent	and title if applicable.			D/	ATE:		
as Shown on record. \$1,000.00 10. Amount of Capital Contributions in FLORIDA to date.] 1	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
		THAT IS A BUSINESS ENTIT AY NOT be changed on the I						

GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY

12. P98000092233 DOCUMENT # 1601 Washington Ave., Suite 800 STREET ADDRESS LNR HARBOR FUND GP IX, INC. NAME Miami Beach, FL 33139 760 N.W. 107TH AVENUE, SUITE 300 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 700019681667 CITY-ST-ZIP CITY-ST-ZIP 05/22/03--01001--024 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 DOCUMENT # STREET ADDRESS NAMÉ STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

By: Hrhur J.Liebarman, Manoging Member, For: LNR Harbor FUNDEP IX, FNC For: LNR Harbor FUNDGP IX, FNC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)