



**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | <p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>97 DEC -1 AM 11:21</p>  | |
| 1. Name of Limited Partnership WAMCO IX, LTD. | | 1a. DOCUMENT # B96000000319 | | | |
| Mailing Address P.O. BOX 8216 WACO TX 76712 | | Principal Office Address 6400 IMPERIAL DRIVE WACO TX 76712 | | 3. Date Formed or Registered 08/15/1996 3a. Date of Last Report 04/09/1997 4. State or Country of Formation TX | |
| 2. Mailing Address P.O. Box 8216 Suite, Apt. #, etc. | | 2a. Principal Office Address Suite, Apt. #, etc. | | 5a. Capital Contributions as Shown on record \$0.00 5b. Amount of Capital Contributions in FLORIDA to date \$ 0.00 | |
| City & State Waco, TX | | City & State | | 6. FEI Number 74-2690684 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| Zip 76714-8216 | | Country USA | | 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 10. If changed, now 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) WAMCO IX OF TEXAS, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6400 IMPERIAL DRIVE | 11b. City, State & Zip Code WACO TX 76712 | 11c. Registration/Document Number F96000004174 |
|---|---|---|--|

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-12/04/97-01112-018

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-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 
 Typed or Printed Name of General Partner Signing Form **James R. Hawkins**

DATE **11/20/97**
 Daytime Telephone Number **(254) 751-1750**

CR25003 (6/97)