


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # B96000000319	
1. Entity Name WAMCO IX, LTD.	

Principal Place of Business 6400 IMPERIAL DRIVE WACO, TX 76712	Mailing Address P.O. BOX 8216 WACO, TX 76714-8216
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



02022005 Chg-LP CR2E003 (10/03)

4. FEI Number 74-2690684	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$0.00	10. Amount of Capital Contributions in FL ORIDA to date.
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**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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F96000004174	STREET ADDRESS	
NAME	WAMCO IX OF TEXAS, INC.	CITY- ST- ZIP	
STREET ADDRESS	6400 IMPERIAL DRIVE		
CITY- ST- ZIP	WACO, TX 76712		
DOCUMENT #		STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
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STREET ADDRESS			
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.

SIGNATURE:  James T. Sartain 2/7/05 (254) 751-1750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE