

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000028

1. Entity Name

VINTAGE PROPERTIES IX, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

*my*

Principal Place of Business  
5752 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484

Mailing Address  
5752 VINTAGE OAKS CIRCLE  
DELRAY BEACH FL 33484-6422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0799159		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
COBER CORPORATE AGENTS, INC. 2801 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133				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.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
9. Capital Contributions as Shown on record. \$1,400,000.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	

**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 #	P97000086630	STREET ADDRESS	
NAME	AZA VENTURES IX, INC.	CITY - ST - ZIP	
STREET ADDRESS	5752 VINTAGE OAKS CIRCLE		
CITY - ST - ZIP	DELRAY BEACH FL 33484		
DOCUMENT #		STREET ADDRESS	400003278804--0
NAME		CITY - ST - ZIP	-06/06/00--01095--021
STREET ADDRESS			***526.25 ***526.25
CITY - ST - ZIP			
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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: *Signature Required* 4/28/00 561-496-7899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #