2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

DO NOT WRITE IN THIS SPACE

DOCUMENT # B98000000028

VINTAGE PROPERTIES IX, L.P.



Principal Place of Business

4205 WEST ATLANTIC AVE., STE 201 DELRAY BEACH, FL 33445

Mailing Address

4205 WEST ATLANTIC AVE., STE 201 DELRAY BEACH, FL 33445

FILED

2007 APR 30 AM 10: 54

SECRETARY OF STATE TALLAHASSEE, FLORIDA



04162007 No Chg-LP

CR2E003 (12/06)

4. FEI Number Applied For 65-0799159 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

SUTTIN, EUGENE N 4205 WEST ATLANTIC AVE., SUITE #201 DELRAY BEACH, FL 33445

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing its registered office or re the obligations of registered agent.	gistered agent, or both, in the State of Florida. I am familiar with,	AND CORP.
0.0	Signature, typed or printed name of registered agent and title if applicable.	DATE	l l
			1

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.

	NOTE: General Partners MAY NOT be changed on the			
	12.	GENERAL PARTNER INFORMATION		
	DOCUMENT #	P97000086630		
	NAME	AZA VENTURES IX, INC.		
- [STREET ADDRESS	4205 WEST ATLANTIC AVE., #201		
	CITY-ST-ZIP	DELRAY BEACH, FL 33445		
- - - -	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
ERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
TAPLE CHECK HERE	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			
핅	DOCUMENT #			
Ā	NAME			

200101239312 05/02/07--01052--023 **500.00

DO NOT WRITE IN THIS SPACE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 employed to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

Eugene Suttin

4/20/01

501-496-7819

Daytime Phone #