FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR 26 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006512

1. Corporation Name

SFERS IX Realty Corporation

Principal Place of Business / Mailing Address

One Lincoln Center, Suite 700
5400 LBJ Freeway/LB2
Dallas, TX 75240

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 same as above
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 same as above
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
12/20/94

4. F.E.I. Number
94-3227010
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Numbers are Not Acceptable): 1200 South Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. The party accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE (Signature of type or printed name of registered agent and title if applicable) (NOTE: Required if Applicable or the appointment will be void.) DATE

12. OFFICERS AND DIRECTORS

TITLE	[ ] DELETE	SEE EXHIBIT A ATTACHED HERETO
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	[ ] DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change	[ ] Add/Delete
12 NAME		700002862287--9
13 STREET ADDRESS		-05/04/99--01082--007
14 CITY-ST-ZIP		****150.00 ****150.00
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	[ ] Change	[ ] Add/Delete
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE	[ ] Change	[ ] Add/Delete
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	[ ] Change	[ ] Add/Delete
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	[ ] Change	[ ] Add/Delete
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

CR2E034 (11/98)

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ronald Ragsdale 4-21-99 972-715-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number