2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State
04-25-2007 90032 046 ****50.00

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1. Entity Name
FUND IX GI FORT MYERS, L.L.C.

Principal Place of Business	Mailing Address
ONE N. FRANKLIN STREET, SUITE 1150 CHICAGO, IL 60606	ONE N. FRANKLIN STREET, SUITE 1150 CHICAGO, IL 60606

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
30 S. Wacker Drive		30 S. Wacker Drive	
Suite, Apt. #, etc.: Suite 3600		Suite, Apt. #, etc.: Suite 3600	
City & State: Chicago IL		City & State: Chicago IL	
Zip: 60606	Country: USA	Zip: 60606	Country: USA

04092007 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-4582675 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete WATERTON RESIDENTIAL PROPERTY FUND IX LLC ~~ONE N. FRANKLIN STREET, SUITE 1150~~ CHICAGO, IL 60606	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 30 S. Wacker Drive Suite 3600
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] AVP 4-9-2007 312-948-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #