

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

01-27-2003 90079 028 ****50.00
M98000001488

DOCUMENT # M98000001488

1. Entity Name

WINDWARD PARTNERS IX, LLC



FILED

2003 FEB 18 AM 10:51

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business
15 SOUTH MAIN STREET, SUITE 900
GREENVILLE SC 29601

Mailing Address
15 SOUTH MAIN STREET, SUITE 900
GREENVILLE SC 29601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 74-2908064

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name ~~Windward Partners IX, LLC~~
Street Address (P.O. Box Number is Not Acceptable)
~~401 North Main Street~~
~~Dave Wilsey - Fishers Wilsey PA~~
~~Greenville SC 29601~~
~~12/27/02~~

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

OK
RA Changed 12/06/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

Authorized Member

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM
NAME INSIGNIA COMMERCIAL INVESTMENTS GROUP, INC
STREET ADDRESS 15 SOUTH MAIN STREET, SUITE 900
CITY-ST-ZIP GREENVILLE SC 29601 ☒ Delete

TITLE
NAME Henry Horowitz
STREET ADDRESS Windward Partners IX, LLC
CITY-ST-ZIP 401 North Main St.
Greenville, SC 29601 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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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 exemption stated in Section 119.07(3)(f), 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 REQUIRED

1-21-03

844-297-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)