2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008
Secretary of State

DOCUMENT# L04000042049

Entity Name: TOWI A WI PLANTATION, LLC

Current Principal Place of Business:

9995 GATE PARKWAY NORTH, STE 400
JACKSONVILLE, FL 32246

New Principal Place of Business:

9428 BAYMEADOWS ROAD
SUITE 230
JACKSONVILLE, FL 32256

Current Mailing Address:

9995 GATE PARKWAY NORTH, STE 400
JACKSONVILLE, FL 32246

New Mailing Address:

9428 BAYMEADOWS ROAD
SUITE 230
JACKSONVILLE, FL 32256

FEI Number: 20-1227645 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CURLEY, CHARLES R JR
1301 RIVERPLACE BLVD, STE 1500
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ITESA TIMB. & DEV., STRATEGIES, LL C
Address: 9995 GATE PARKWAY N, STE 400
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR ( ) Delete
Name: CURY, PHIL
Address: 9995 GATE PARKWAY N, STE 400
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THE ARCHER GROUP,
Address: 9428 BAYMEADOWS ROAD SUITE 230
City-St-Zip: JACKSONVILLE, FL 32256

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIMOTHY RITCH MGRM 04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date