434691

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M01000000849

1. Entity Name IMT-LB SOUTH FLORIDA LLC



Principal Place of Business

Mailing Address

%INVEST. MGMT TRST REAL ESTATE GROUPINC 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423 %INVEST. MGMT TRST REAL ESTATE GROUPING 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423

FILED Mar 26, 2004 8:00 am Secretary of State

03-26-2004 90163 006 ****50.00



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
65-1090800		 Not Applicable
5. Certificate of Status Desired	\$5.0	Additional

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the purpose of changing its register ions of registered agent.	ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE_			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		
	ling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM THABIT, CORY 13400 VENTURA BLVD SHERMAN OAKS, CA 91423		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TESORIERO, JOHN 13400 VENTURA BLVD SHERMAN OAKS, CA 91423		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHER, BRYAN 13400 VENTURA BLVD SHERMAN OAKS, CA 91423	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not qualify for the exe on this report is true and accurate and that thy signature shall have the same bility company or the receiver or trustee empowered to execute this report as	Imption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information elegal effect as if made under oath; that I am a managing member or manager of the required by Chapter 608, Florida Statutes.	

GNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE