

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M01000000849

1. Entity Name
IMT-LB SOUTH FLORIDA LLC



Principal Place of Business

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

Mailing Address

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



01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1090800

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

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1000000184992
01/20/05-80053-021 50.00

**DO NOT WRITE
IN THIS SPACE**

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

BRYAN Scher

01-07-05 818-784-4700

Date

Daytime Phone #