
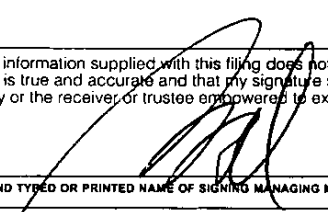


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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		
2. Principal Place of Business - No P.O. Box # 15303 Ventura Blvd.			3. Mailing Address 15303 Ventura Blvd.		
Suite, Apt. #, etc. Suite 200			Suite, Apt. #, etc. Suite 200		
City & State Sherman Oaks, California			City & State Sherman Oaks, California		
Zip 91403		Country US		Zip 91403	
Country US		4. FEI Number 65-1090800			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
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 <div style="text-align: right;"> FL Zip Code </div>					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THABIT, CORY 13400 VENTURA BLVD SHERMAN OAKS, CA 91423 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	15303 Ventura Blvd., Suite 200 Sherman Oaks, California 91423 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TESORIERO, JOHN 13400 VENTURA BLVD SHERMAN OAKS, CA 91423 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	15303 Ventura Blvd., Suite 200 Sherman Oaks, California 91423 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHER, BRYAN 13400 VENTURA BLVD SHERMAN OAKS, CA 91423 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	15303 Ventura Blvd., Suite 200 Sherman Oaks, California 91423 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 200103613742 05/31/07--01036--019 **50.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center;"> 200103613742 05/31/07--01036--020 **5.00 </div> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:  BRYAN SCHER 5-21-07 818-784-4700 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED

07 MAY 22 PM 4:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05212007 Chg-LLC CR2E083 (12/06)