

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # M01000000849

1. Entity Name
IMT-LB SOUTH FLORIDA LLC



Principal Place of Business
15303 VENTURA BLVD., SUITE 200
SHERMAN OAKS, CA 91403

Mailing Address
15303 VENTURA BLVD., SUITE 200
SHERMAN OAKS, CA 91403



01072008No Chg-LLC

CR2E083 (12/07)

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
THABIT, CORY
15303 VENTURA BLVD., SUITE 200
SHERMAN OAKS, CA 91403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
TESORIERO, JOHN
15303 VENTURA BLVD., SUITE 200
SHERMAN OAKS, CA 91403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SCHER, BRYAN
15303 VENTURA BLVD., SUITE 200
SHERMAN OAKS, CA 91403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400000938406
05/27/08-80088-013 138.75

**DO NOT WRITE
IN THIS SPACE**

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

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

4-25-08

Date

818-784-4700

Daytime Phone #