## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

## FILED Apr 22, 2002 8:00 am Secretary of State

UNIFORM BUS	INESS REPORT	(OBN)		
DOCUMENT # M0100002764  1. Entity Name			Secretary of State 04-22-2002 90154 017 ****50.00	
IMT-LB POINTE LLC				
DO NOT WR	ITE IN THIS SI	PACE		
Principal Place of Business     3. Mailing Address				
13400 VENTURA BÍUD SAME				
Suite, Apt. #, etc. Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
Sherman DAKS CA	City & State		4. FEI Nymber 74-3023184	Applied For Not Applicable
Zip Country Zip		Country		\$5.00 Additional Fee Required
			7. Name and Address of Current Registered	
DO NOT	WDITE	NameRose	int W Barrow	
DO NOI WRITE Street Address (F			(P.O. Box Number is Not Acceptable)	
IN THIS SPACE		350 EAS	AST LAS DLAS BLUD	
		Citv	SECDANC FL	33301
8. The above named entity submits this stater	ment for the purpose of changing its			1
SIGNATURE Signature, typed or printed name of registers	ed agent and title if applicable.		DATE	
	· F	FEE IS \$50.00		
		yable to Department	of State	
		PUE BY MAY 1		
TITLE NO. C O	MEMBERS/MANAGERS	TITLE		
NAME 1004 THAR IT	MGMR LURY THABIT BYON VENTURA BIOD SHERMAN DAKS CA 91423			
STREET ADDRESS 13400 Ventura Blod		STREET ADDRESS		
CITY-ST-ZIP Sherman DI	1-ZIP Sherman DAKS CA 91423			
TITLE	•	TITLE		lå
NAME JUHN TESORTERO STREET ADDRESS 12400 VENTUR BIND		NAME STREET ADDRESS		C
STREET ADDRESS 13400 Ventura Blud CITY-ST-ZIP Sherman Daks CA 91425		CITY-ST-ZIP		
TITLE Mem Bel	•	TITLE		
NAME DOWN Scher	BCUAN Scher			
STREET ADDRESS 13402 Ventul	Sherman OAKS CA 91423		DO NOT WRITE	
	Sherman OAKS CA 91423		<del></del>	
TITLE /	′		IN THIS SPACE	
T ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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TITLE		TITLE		
NAME		NAME		Ì
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP	- A - 20 At-12 - PP - 1	City-St-ZiP		
<ol> <li>inereby certify that the information supplied</li> </ol>	ed with this tiling does not quality for	the exemption stated in S	ection 119.07(3)(i), Florida Statutes. I further certi	ty 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

4302

818-184-4700

Daytime Phone #