


434695

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-26-2004 90163 007 \*\*\*\*50.00

<b>DOCUMENT # M01000002764</b> 1. Entity Name IMT-LB POINTE LLC	
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Principal Place of Business 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423	Mailing Address 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423
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6406J000



01202004No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3023184	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  BARRON, ROBERT W 350 EAST LAS OLAS BLVD. SUITE 1000 FT. LAUDERDALE, FL 33301
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THASIT, CORY 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR 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
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**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)(i), 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: *Robert Barron* Date: 3-24-04 Daytime Phone #: 88-784-4700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #