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2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90163 005 ****50.00

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1. Entity Name
IMT SUMMIT CHASE LLC

Principal Place of Business	Mailing Address
C/O INVESTORS MGMT. TRUST REAL ESTATE GRP. 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423	C/O INVESTORS MGMT. TRUST REAL ESTATE GRP. 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423

24029632

01202004 No Chg-LLC CR2E083 (10/03)

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4. FEI Number
81-0603196
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES, INC.
300 EAST LAS OLAS BLVD., SUITE 1000
FORT LAUDERDALE, FL 33301

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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	MGRM
NAME	IMT SC LLC
STREET ADDRESS	13400 VENTURA BLVD.
CITY-ST-ZIP	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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mark F. Allen 3-24-04 818-784-4700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #