


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 19, 2005 08:00 AM
Secretary of State

DOCUMENT # M03000001196 1. Entity Name IMT SC LLC	
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Principal Place of Business C/O INVESTORS MGMT TRUST REAL ESTATE 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423	Mailing Address C/O INVESTORS MGMT TRUST REAL ESTATE 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423
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01062005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 81-0603191	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES, INC.
305 E. LAS OLAS BLVD., STE. 1000
FT LAUDERDALE, FL 33301

**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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TESORIERO, JOHN 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THABIT, CORY 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SCHER, BRYAN 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423
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01/20/05-80053-024 50.00

**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)(f), 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

Bryan Scher

01-07-05 818-784-4700

Date

Daytime Phone #