

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2007 8:00 am
Secretary of State

05-25-2007 90199 024 ****50.00

DOCUMENT # M03000001850 1. Entity Name IMT-LB CLEARY COURT LLC			
Principal Place of Business C/O INVESTORS MNGT. TRUST REAL ESTATE 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423		Mailing Address C/O INVESTORS MNGT. TRUST REAL ESTATE 13400 VENTURA BLVD. SHERMAN OAKS, CA 91423	
2. Principal Place of Business - No P.O. Box # 15303 Ventura Bl Suite, Apt., #, etc. #200		3. Mailing Address 15303 Ventura Bl Suite, Apt., #, etc. #200	
City & State Sherman Oaks, CA Zip 91403		City & State Sherman Oaks, CA Zip 91403	
Country USA		Country USA	
4. FEI Number 20-0038324		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR IMT SOUTH FLORIDA PORTFOLIO LLC 13400 VENTURA BLVD SHERMAN OAKS, CA 91423 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	15303 Ventura Blvd #200 Sherman Oaks, CA 91403 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  Bryan Shar 052107, 818-784-4700 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			