2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M04000005137

1. Entity Name
IMT COLONIAL FOREST APARTMENTS LLC

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

DO NOT WRITE IN THIS SPACE

01062006 No Chg-LLC   CR2E063 (11/05)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired ☐   **$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

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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

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, 2006

U00000399191
01/31/06 08030 005 50.00

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGRM	
NAME	IMT-LB CENTRAL FLORIDA HOLDINGS, LLC	
STREET ADDRESS	13400 VENTURA BLVD	
CITY-ST-ZIP	SHERMAN OAKS, CA 91423	
TITLE		
NAME		
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CITY-ST-ZIP		

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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 SCHER   1-09-06   818-784-4700

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