

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

40118534

DOCUMENT # M04000005137 1. Entity Name IMT COLONIAL FOREST APARTMENTS LLC				05-25-2007 90199 008 ****50.00	
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		40118534	
2. Principal Place of Business - No P.O. Box # 15303 VENTURA BLVD		3. Mailing Address 15303 Ventura Blvd		 05212007 Chg-LLC CR2E083 (12/06)	
Suite, Apt. #, etc. SUITE 200		Suite, Apt. #, etc. SUITE 200			
City & State Sherman Oaks, CA		City & State Sherman Oaks CA			
Zip 91403		Country US		4. FEI Number NOT APPLICABLE	
				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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE)</small>					
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	MGRM <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IMT-LB CENTRAL FLORIDA HOLDINGS, LLC		NAME	15303 Ventura Blvd #200	
STREET ADDRESS	13400 VENTURA BLVD.		STREET ADDRESS	Sherman Oaks CA 91403	
CITY-ST-ZIP	SHERMAN OAKS, CA 91423		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 05-21-07 , 818-784-4700 <small>Daytime Phone #</small>		