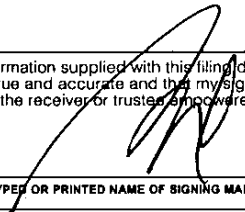


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-25-2007 90199 013 ****50.00

DOCUMENT # M05000000225 1. Entity Name IMT PARK AT REGENCY APARTMENTS LLC					
Principal Place of Business C/O INVESTORS MANAGEMENT TRUST REAL ESTATE 13400 VENTURA BOULEVARD SHERMAN OAKS, CA 91423				Mailing Address C/O INVESTORS MANAGEMENT TRUST REAL ESTATE 13400 VENTURA BOULEVARD SHERMAN OAKS, CA 91423	
2. Principal Place of Business - No P.O. Box # 15303 Ventura BL		3. Mailing Address 15303 Ventura BL			
Suite, Apt. #, etc. #200		Suite, Apt. #, etc. #200			
City & State Sherman Oaks, CA		City & State Sherman Oaks, CA			
Zip 91403		Zip 91403			
Country US		Country US		05212007 Chg-LLC CR2E083 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For 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				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 MGRM	IMT-LB CENTRAL FLORIDA HOLDINGS 14 LLC ☐ Delete		TITLE NAME	15303 Ventura BL #200 ☒ Change ☐ Addition	
STREET ADDRESS 13400 VENTURA BOULEVARD	SHERMAN OAKS, CA 91423		STREET ADDRESS 15303 Ventura BL	Sherman Oaks, CA 91403	
CITY-ST-ZIP SHERMAN OAKS, CA 91423			CITY-ST-ZIP Sherman Oaks, CA 91403		
TITLE NAME	☐ Delete		TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS NAME			STREET ADDRESS NAME		
CITY-ST-ZIP NAME	☐ Delete		CITY-ST-ZIP NAME	☐ Change ☐ Addition	
CITY-ST-ZIP NAME			CITY-ST-ZIP NAME	☐ Change ☐ Addition	
CITY-ST-ZIP NAME	☐ Delete		CITY-ST-ZIP NAME	☐ Change ☐ Addition	
CITY-ST-ZIP NAME			CITY-ST-ZIP NAME	☐ Change ☐ 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 Schen		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 05-21-07 Daytime Phone # 818-784-4700		