

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # M05000000226

1. Entity Name
IMT VILLAGE LAKES PHASE I APARTMENTS LLC



Principal Place of Business

Mailing Address

C/O INVESTORS MANAGEMENT TRUST REAL ESTATE
13400 VENTURA BOULEVARD
SHERMAN OAKS, CA 91423

C/O INVESTORS MANAGEMENT TRUST REAL ESTATE
13400 VENTURA BOULEVARD
SHERMAN OAKS, CA 91423



01062006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|--|
| TITLE | MGRM |
| NAME | IMT-LB CENTRAL FLORIDA HOLDINGS 14 LLC |
| STREET ADDRESS | 13400 VENTURA BOULEVARD |
| CITY-ST-ZIP | SHERMAN OAKS, CA 91423 |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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1000000399658
02/01/06-80021-004 50.00

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Bryan Selzer

1-05-06 818-784-4700

Date

Daytime Phone #