


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-25-2007 90199 020 ****50.00

DOCUMENT # M05000000226	
1. Entity Name IMT VILLAGE LAKES PHASE I 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
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2. Principal Place of Business - No P.O. Box # 15303 Ventura Blvd Suite, Apt. #, etc. #200 City & State Sherman Oaks, CA Zip 91403 Country USA	3. Mailing Address 15303 Ventura Blvd Suite, Apt. #, etc. #200 City & State Sherman Oaks, CA Zip 91403 Country USA
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05212007 Chg-LLC CR2E083 (12/06)

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
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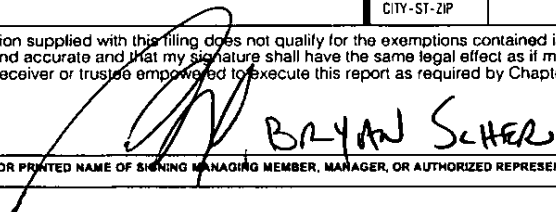
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM IMT-LB CENTRAL FLORIDA HOLDINGS 14 LLC 13400 VENTURA BOULEVARD 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
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:  **05-21-07, 818-784-4700**

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