

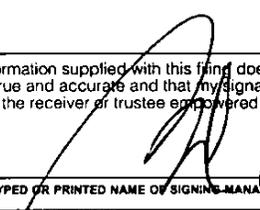
**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-25-2007 90199 009 \*\*\*\*50.00

**40118533**



<b>DOCUMENT # M0500000229</b>			
1. Entity Name IMT COUNTRY PLACE 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 Blvd Suite, Apt. #, etc. SUITE 200		3. Mailing Address 15303 Ventura Blvd. Suite, Apt. #, etc. Suite 200	
City & State SHERMAN OAKS, CA		City & State SHERMAN OAKS, CA	
Zip 91403	Country US	Zip 91403	Country US
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	
		<b>FL</b>	
		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 _____			
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>	
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: 		BRYAN SCHER 05-21-07, 818-784-4700	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #