

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

40118533



DOCUMENT # M05000000229 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		05212007 Chg-LLC CR2E083 (12/06)																			
City & State SHERMAN OAKS, CA Zip 91403 Country US		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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																							
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>IMT-LB CENTRAL FLORIDA HOLDINGS 14 LLC</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>13400 VENTURA BOULEVARD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SHERMAN OAKS, CA 91423</td> <td></td> </tr> </table>		TITLE	MGRM	<input type="checkbox"/> Delete	NAME	IMT-LB CENTRAL FLORIDA HOLDINGS 14 LLC		STREET ADDRESS	13400 VENTURA BOULEVARD		CITY-ST-ZIP	SHERMAN OAKS, CA 91423							
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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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																							