2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M05000000229

1. Entity Name

IMT COUNTRY PLACE APARTMENTS LLC



Principal Place of Business

15303 VENTURA BLVD

STE 200

SHERMAN OAKS, CA 91403

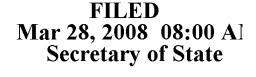
Mailing Address

15303 VENTURA BLVD

STE 200

SHERMAN OAKS, CA 91403

 $\{e_i, e_j\} \in E_{i,j}$





01072008 No Chg-LLC

CR2E083 (12/07)

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

The above named entity submits this statement for the purpose of chang	ing its registered office or registered agent, or bot	i, in the State of Florida. I am familiar with, and accept.
the obligations of registered agent.		
SIGNATURE		
Synthesis bond or outled name of reciprored agent and title if applicable	(NOTE: Beautored Agent signal us required when reportation)	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000874008 04/10/08-80090-021 138.75

9.	MANAGING MEMBERS/MANAGERS		
TOTLE	MGRM		
NAME	IMT-LB CENTRAL FLORIDA HOLDINGS 14 LLC		
STREET ADDRESS	15303 VENTURA BVLD 200		
CITY-ST-ZIP	SHERMAN OAKS, CA 91403		
TITLE		*	
NAME		the state of the s	
STREET ADDRESS		, .,	
CITY-ST-ZIP			
TITLE		51 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
NAME STREET ADDRESS			
CITY-ST-ZIP		DO NOT WRITE	
TITLE		,	
NAME		IN THIS SPACE	
STREET ADDRESS			
CITY ST-ZIP		,	
THTLE			
NAME			
STREET ADDRESS		f	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	
CITY - ST - ZIP			
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			

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 of trustee exprovered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME

SIGNING MANAGING MEMBER, OR A

MEMBER, OR AUTHORIZED REPRESENTATIVE

3-24-08

818-784-472