2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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IMT MARBELLA LAKE APARTMENTS LLC Principal Place of Business Mailing Address 40118530 C/O INVESTORS MANAGEMENT TRUST REAL ESTATE C/O INVESTORS MANAGEMENT TRUST REAL ESTÂTE 13400 VENTURA BOULEVARD 13400 VENTURA BOULEVARD SHERMAN OAKS, CA 91423 SHERMAN OAKS, CA 91423 2. Principal Place of Business - No P.O. Box 3. Mailing Address LENTURA B Suite, Apt. #, etc. Suite, Apt. #, etc. 05212007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For DAKSICH neman **NOT APPLICABLE** Not Applicable RIMAY \$5.00 Additional 5. Certificate of Status Desired O.2 ₽0, 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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 September 14, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. MGRM ☐ Addition TITLE ☐ Delete TITLE IMT-LB CENTRAL FLORIDA HOLDINGS 14 LLC NAME NAME 15303 VENTURA BUDOL 13400 VENTURA BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SHERMAN OAKS, CA 91423 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 typic period to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE