

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-25-2007 90199 014 ****50.00

DOCUMENT # M05000000231

1. Entity Name
IMT THE PLACE APARTMENTS LLC



Principal Place of Business Mailing Address
C/O INVESTORS MANAGEMENT TRUST REAL ESTATE C/O INVESTORS MANAGEMENT TRUST REAL ESTATE
13400 VENTURA BOULEVARD 13400 VENTURA BOULEVARD
SHERMAN OAKS, CA 91423 SHERMAN OAKS, CA 91423

40118528



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
15303 Ventura Blvd 15303 Ventura Blvd

Suite, Apt. #, etc. Suite, Apt. #, etc.
#200 #200

City & State City & State
Sherman Oaks, CA Sherman Oaks, CA

Zip Country Zip Country
91403 US 91403 US

05212007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
NOT APPLICABLE **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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS
TITLE MGRM ☐ Delete
NAME IMT-LB CENTRAL FLORIDA HOLDINGS 14 LLC
STREET ADDRESS 13400 VENTURA BOULEVARD
CITY-ST-ZIP SHERMAN OAKS, CA 91423

10. ADDITIONS/CHANGES
TITLE ☒ Change ☐ Addition
NAME 15303 Ventura Blvd #200
STREET ADDRESS Sherman Oaks, CA 91403
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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 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 #