

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-25-2007 90199 011 ****50.00

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DOCUMENT # M05000000278 1. Entity Name IMT COURTYARD 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 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 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
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	
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	
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, 88-784-4700		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		