



**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

57. FILED
07 JUN 26 AM 10: 01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30010809

DOCUMENT # L0600011725					
1. Entity Name REGENT PLACE PH-1B, LLC					
Principal Place of Business 4264 Q-ENTRE COURT CHANTILLY, VA 20151			Mailing Address 4264 Q-ENTRE COURT CHANTILLY, VA 20151		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WILSON, MICHAEL J 200 S ORANGE AVE SARASOTA, FL 34238			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning.)</small> DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	MGR	4264-Q ENTRE COURT	CHANTILLY, VA 20151		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 806, Florida Statutes.					
SIGNATURE: 		CECIL PRUITT, JR.		4/25/07 703-631-2217	
<small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					