2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M01000000912

1. Entity Name

MGMT FOUR, LLC

Principal Place of Business	Mailing Address
342 OMNI DRIVE SPARKS NV 89436-7256	342 OMNI DRIVE SPARKS NV 89436-7256

957091

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		**3.** Mailing Address		**4.** FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		559-84-517₃	Not Applicable
City & State		City & State			
Zip	Country	Zip	Country	**5.** Certificate of Status Desired	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
CORNELIUS, CHERYL 300 S. DUNCAN AVE., SUITE 275 CLEARWATER FL 33755	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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9.	MANAGING MEMBERS / MANAGERS		**10.**	ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JOHN P. BARRETT, JR. LIVING TRUST 300 S. DUNCAN AVENUE, SUITE 275 CLEARWATER FL 33755	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Erika L. Barrett Living Trust % J.B. Management, Inc. 300 S. Duncan Ave., Suite 275 Clearwater, FL 33755	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Erika L. Barrett, Trustee, Erika L. Barrett Living Trust 4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (9/01)