

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M01000000912

FILED  
Apr 17, 2003  
Secretary of State

Entity Name: MGMT FOUR, LLC

## Current Principal Place of Business:

342 OMNI DRIVE  
SPARKS, NV 894367256

## New Principal Place of Business:

## Current Mailing Address:

342 OMNI DRIVE  
SPARKS, NV 894367256

## New Mailing Address:

FEI Number: 55-9845173

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORNELIUS, CHERYL  
300 S. DUNCAN AVE., SUITE 275  
CLEARWATER, FL 33755 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: JOHN P. BARRETT, JR., LIVING TRUST  
Address: 300 S. DUNCAN AVENUE, SUITE 275  
City-St-Zip: CLEARWATER, FL 33755

Title: MGR (X) Delete  
Name: LIVING TRUST % J.B., MANAGEMENT, IN C .  
Address: 300 S. DUNCAN AVE., STE 275  
City-St-Zip: CLEARWATER, FL 33755

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ERIKA L. BARRETT LIV, ING TRUST  
Address: 300 S. DUNCAN AVENUE, SUITE 275  
City-St-Zip: CLEARWATER, FL 33755

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 E.L.B.LIVING TRUST

MGR

04/17/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date