2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L02000008761

C2 PROJECT MANAGEMENT LLC



Principal Place of Business

104 CRANDON BLVD.

SUITE 401

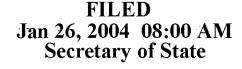
KEY BISCAYNE, FL 33149

Mailing Address

104 CRANDON BLVD.

SUITE 401

KEY BISCAYNE, FL 33149





01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 03-0432567 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COBO, ALEX 104 CRANDON BLVD. SUITE 401 KEY BISCAYNE, FL 33149

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The above named entity submits this s the obligations of registered agent.	statement for the purpo	ose of changing its r	egistered office or regi	istered agent, or both, in	the State of Florida.	I am familiar with, and accept
						•
SIGNATURE						

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS	 ٠	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CHOUKROUN, DIDIER 21 LA GORCE CIRCLE MIAMI BEACH, FL 33141	 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COBO CONSULTING CORP. 104 CRANDON BLVD. #401 KEY BISCAYNE, FL 33149		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		 	-=
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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 out usee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

365-361-6783

Daytime Phone #