

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000008761

FILED
Apr 24, 2003
Secretary of State

Entity Name: C2 PROJECT MANAGEMENT LLC

Current Principal Place of Business:

303 GALEN DRIVE #308
KEY BISCAYNE, FL 33149

New Principal Place of Business:

104 CRANDON BLVD.
SUITE 401
KEY BISCAYNE, FL 33149

Current Mailing Address:

303 GALEN DRIVE #308
KEY BISCAYNE, FL 33149

New Mailing Address:

104 CRANDON BLVD.
SUITE 401
KEY BISCAYNE, FL 33149

FEI Number: 03-0432567

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COBO, ALEX
303 GALEN DRIVE #308
KEY BISCAYNE, FL 33149

Name and Address of New Registered Agent:

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

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: _____

04/24/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: CHOUKROUN, DIDIER
Address: 21 LA GORCE CIRCLE
City-St-Zip: MIAMI BEACH, FL 33141

Title: MGRM () Delete
Name: COBO CONSULTING CORP, .
Address: 303 GALEN DRIVE #308
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: COBO CONSULTING CORP, .
Address: 104 CRANDON BLVD. #401
City-St-Zip: KEY BISCAYNE, FL 33149

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: ALEX A. COBO

MGRM

04/24/2003

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