

**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000008761  
 1. Entity Name  
 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
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01122004 No Chg-LLC CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0432567	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 COBO, ALEX  
 104 CRANDON BLVD.  
 SUITE 401  
 KEY BISCAYNE, FL 33149

**DO NOT WRITE IN THIS SPACE**

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

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

9. MANAGING MEMBERS/MANAGERS	
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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 01/26/04-80037-008 55.00

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ Date: 1-22-04 Daytime Phone #: 305-361-6783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE