


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

05 MAY -1 AM 9:42
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # A05000001640

1. Entity Name
 OLD PORT CAPITAL, LTD.



Principal Place of Business: 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602
 Mailing Address: 101 EAST KENNEDY BLVD., SUITE 3300 TAMPA, FL 33602

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04212006 Chg-LP CR2E003 (11/05)

4. FEI Number: 20-3427538
 Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GORDON, BRAD A
 101 EAST KENNEDY BLVD., SUITE 3300
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000118028	STREET ADDRESS	
NAME	CAY SAL INTERNATIONAL, INC.	CITY-ST-ZIP	
STREET ADDRESS	101 EAST KENNEDY BLVD., SUITE 3300		
CITY-ST-ZIP	TAMPA, FL 33602		
DOCUMENT #		STREET ADDRESS	
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 05/15/06-01048-023 **500.00

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: K. Hibson Chairman Date: 4-27-06 Daytime Phone #: 352-518-0904