


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90160 001 ****50.00

DOCUMENT # L06000106506	
1. Entity Name OLD PORT CAPITAL PARTNERS, LLC	

Principal Place of Business 101 EAST KENNECY BLVD., SUITE 3300 TAMPA, FL 33602	Mailing Address 101 EAST KENNECY BLVD., SUITE 3300 TAMPA, FL 33602
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2. Principal Place of Business - No P.O. Box # 101 East Kennedy Blvd. Suite, Apt. #, etc. Suite 3300	3. Mailing Address 101 East Kennedy Blvd. Suite, Apt. #, etc. Suite 3300
City & State Tampa, FL	City & State Tampa, FL
Zip 33602	Country



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5821863	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GORDON, BRAD A 101 EAST KENNECY BLVD., SUITE 3300 TAMPA, FL 33602	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 101 East Kennedy Blvd., Suite 3300 City Tampa FL Zip Code 33602	

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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLD PORT CAPITAL, LTD. 101 EAST KENNECY BLVD., SUITE 3300 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Old Port Capital, Ltd. 101 East Kennedy Blvd., Suite 3300 Tampa, FL 33602 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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: Kim Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #