

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2008 8:00 am
Secretary of State

05-19-2008 90186 002 ***138.75

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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	
2. Principal Place of Business - No P.O. Box # 101 EAST KENNECY BLVD.		3. Mailing Address 101 EAST KENNECY BLVD.	
Suite, Apt. #, etc. SUITE 3300		Suite, Apt. #, etc. SUITE 3300	
City & State TAMPA FL		City & State TAMPA FL	
Zip 33602		Zip 33602	
Country		Country	
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		01252008 Chg-LLC CR2E083 (12/06)	
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 GORDON, BRAD A Street Address (P.O. Box Number is Not Acceptable) 101 EAST KENNECY 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OLD PORT CAPITAL, LTD. 101 EAST KENNECY BLVD., SUITE 3300 TAMPA, FL 33602
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
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: <u>Kimberly Wilson</u> Managing Member		Date: <u>4-17-08</u> Daytime Phone #: <u>352-518-0904</u>	