


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		93 FEB 19 11 13:51	
<b>1.</b> Name of Limited Partnership  Cummings Point Limited Partnership		<b>1a.</b> DOCUMENT # A-98000000437			
<b>2.</b> Mailing Address 27 Signal Road Stamford, CT 06902		<b>2a.</b> Principal Office Address 7055 SE Greenview Place Hobe Sound, Florida 33455		<b>3.</b> Date Formed or Registered 2/13/98	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		<b>3a.</b> Date of Last Report  <b>4.</b> State or Country of Formation Florida	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		<b>5a.</b> Capital Contributions as Shown on record \$7,000  <b>5b.</b> Amount of Capital Contributions in FLORIDA to date	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		<b>6.</b> FEI Number 65-0842024 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		<b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Suite, Apt. #, etc. City & State Zip Country		Suite, Apt. #, etc. City & State Zip Country		<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9. Name and Address of Current Registered Agent</b>  Amerilawyer 343 Almeria Avenue Coral Gables, FL 33134		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		300002783753-0 02/22/99-01137-016 ****141.FL ****141.25	

**10a.** Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Donald J. Donahue	7055 SE Greenview Place Hobe Sound Florida 33455		
Nicholas P. Donahue	7055 SE Greenview Place Hobe Sound Florida 33455		

*GP change per Amendment Filed 12/28/98. MJD*

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

**12.** I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE 12/28/98  
 Typed or Printed Name of General Partner Signing Form Donald J. Donahue Daytime Telephone Number 203 973 0155

CR2E003 (8/98)