


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED**  
**Apr 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000437					
1. Entry Name CUMMINGS POINT LIMITED PARTNERSHIP					
Principal Place of Business C/O DONAHUE 35 EASTON RD WESTPORT, CT 06880			Mailing Address C/O DONAHUE 35 EASTON RD WESTPORT, CT 06880		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$82,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>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.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	DONAHUE, THOMAS R			CITY-ST-ZIP	
CITY-ST-ZIP	520 EAST 86TH STREET, 10B NEW YORK, NY 10028				
DOCUMENT #	NAME			STREET ADDRESS	
STREET ADDRESS	DONAHUE, NICHOLAS P			CITY-ST-ZIP	
CITY-ST-ZIP	35 EASTON RD WESTPORT, CT 06880				000000331953 04/26/05-80039-001 526.25
DOCUMENT #	NAME			STREET ADDRESS	
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Nicholas P. Donahue</u>				Date: <u>2/5/05</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small> <u>203 341 0854</u>	



STAPLE CHECK HERE