

LIMITED PARTNERSHIP ANNUAL REPORT
Due By, May 1, 2006

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # A98000000437



1. Entity 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**



DO NOT WRITE IN THIS SPACE

03202006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
65-0842024

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

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

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
**DONAHUE, THOMAS R
520 EAST 86TH STREET, 10B
NEW YORK, NY 10028**

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
**DONAHUE, NICHOLAS P
35 EASTON RD
WESTPORT, CT 06880**

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

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DOCUMENT #
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CITY- ST- ZIP

000000482788
04/11/06-80089-018 500.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Nicholas P. Donahue **NICHOLAS P. DONAHUE** 3/20/06 203 341 0854

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE