


**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 1:51	
<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	
				<b>5a.</b> Capital Contributions as Shown on record \$7,000	
				<b>5b.</b> Amount of Capital Contributions in FLORIDA to date	
<b>3a.</b> Date of Last Report		<b>4.</b> State or Country of Formation Florida		<b>6.</b> FEI Number 65-0842024	
<b>3b.</b> Date of Last Report				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>4.</b> State or Country of Formation Florida				<b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6.</b> FEI Number 65-0842024				<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	
<b>7.</b> Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				EF 0146 25	
<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. 300002783753-0 City 02/22/99-01137-016 ****141.FL ****141.25	
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**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 2/28/98. MDA

**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 2/28/98

Donald J. Donahue Daytime Telephone Number 203 973 0155

CR2E003 (8/98)