

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0018340 AB

DOCUMENT # **A98000000437**

1. Entity Name
CUMMINGS POINT LIMITED PARTNERSHIP

02 MAY 24 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**7055 SOUTHEAST GREENVIEW PLACE
HOBE SOUND FL 33455**

Mailing Address
**27 SIGNAL ROAD
STAMFORD CT 06902**



2. Principal Place of Business
**c/o Donahue
430 East 86th Street**

3. Mailing Address
**110
New York, NY**

DUE BY MAY 1, 2002

Suite, Apt. #, etc.
110

Suite, Apt. #, etc.
110

4. FEI Number **65-0842024**
Applied For
 Not Applicable

City & State
New York, NY

5. Certificate of Status Desired **\$8.75** Additional Fee Required

Zip **10028** 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.

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

9. Capital Contributions as Shown on record. **\$82,000.00**
10. Amount of Capital Contributions in FLORIDA to date. **82,000.00**
11. **MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DONAHUE, DONALD J 7055 SOUTHEAST GREENVIEW PLACE HOBE SOUND FL 33455	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DONAHUE, NICHOLAS P 7055 SOUTHEAST GREENVIEW PLACE HOBE SOUND FL 33455	STREET ADDRESS CITY-ST-ZIP	600005678246--3 -06/04/02 01003 020 ****526.25 ****526.25
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CR2E003 (9/01)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #