

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

3. Mailing Address

*c/o Donahue
430 East 86th Street
11D*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*City & State
New York, NY*

4. FEI Number

65-0842024

Applied For

Not Applicable

Zip

Country

Zip

Country

10028

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

DATE

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**

DOCUMENT #
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CITY-ST-ZIP

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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)(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:

[Signature] **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)