

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 15 AM 10:30



DOCUMENT # A98000000437
1. Entity Name
CUMMINGS POINT LIMITED PARTNERSHIP

Principal Place of Business C/O THOMAS DONAHUE 520 E. 86TH STREET, APT 10B NEW YORK, NY 10028	Mailing Address C/O THOMAS DONAHUE 520 E. 86TH STREET, APT 10B NEW YORK, NY 10028
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2. Principal Place of Business 7055 S.E. GREENVIEW PLACE Suite, Apt. #, etc.	3. Mailing Address 70 DONAHUE Suite, Apt. #, etc. 35 EASTON RD.
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03102004 Chg-LP CR2E003 (10/03)

City & State HOBE SOUND, FL	City & State WESTPORT, CT	4. FEI Number 65-0842024	Applied For Not Applicable
Zip 33455	Country	Zip 06880	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
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.
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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	
	DONAHUE, DONALD J		
STREET ADDRESS	7055 SOUTHEAST GREENVIEW PLACE	CITY-ST-ZIP	
	HOBE SOUND, FL 33455		
DOCUMENT #	NAME	STREET ADDRESS	
	DONAHUE, NICHOLAS P		
STREET ADDRESS	7055 SOUTHEAST GREENVIEW PLACE	CITY-ST-ZIP	
	HOBE SOUND, FL 33455		
DOCUMENT #	NAME	STREET ADDRESS	
			200032023042
STREET ADDRESS		CITY-ST-ZIP	04/07/04--01006--018 **526.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	

STAPLE CHECK HERE

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 its receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *N.P. Donahue*, **NICHOLAS P. DONAHUE AS G.P.**, 3/10/04 **203 341 0854**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #