

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000000437 1. Entry 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0842024	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For Not Applicable	
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	
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.				FL Zip Code	
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.		
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		
STREET ADDRESS	520 EAST 86TH STREET, 10B		CITY - ST - ZIP		
CITY - ST - ZIP	NEW YORK, NY 10028		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	DONAHUE, NICHOLAS P		CITY - ST - ZIP		
CITY - ST - ZIP	35 EASTON RD		CITY - ST - ZIP		
CITY - ST - ZIP	WESTPORT, CT 06880		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Nicholas P. Donahue</i>			2/5/05		203 341 0854
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		Daytime Phone #

STAPLE CHECK HERE