

**LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By, May 1, 2006**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # A98000000437



1. Entity 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



03202008 No Chg-LP CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0842024	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMERILAWYER  
 343 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

**DO NOT WRITE  
 IN THIS SPACE**

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 file if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	DONAHUE, THOMAS R	520 EAST 86TH STREET, 10B	NEW YORK, NY 10028
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
	DONAHUE, NICHOLAS P	35 EASTON RD	WESTPORT, CT 06880
DOCUMENT #	NAME	STREET ADDRESS	CITY - ST - ZIP
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000000482788  
 04/11/06-80089-018 500.00

**DO NOT WRITE  
 IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: NICHOLAS P. DONAHUE 3/20/06 203 341 0854