

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007**

DOCUMENT # A9800000437	
1. Entity Name CUMMINGS POINT LIMITED PARTNERSHIP	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 18 PM 2:53

Principal Place of Business C/O DONAHUE 35 EASTON RD WESTPORT, CT 06880	Mailing Address C/O DONAHUE 35 EASTON RD WESTPORT, CT 06880
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

07042007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent	
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134	

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

7. Name and Address of New Registered Agent	
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. 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.

**FILE NOW!!! FEE IS \$900.00
On or after September 14, 2007, Fee will be \$1000.00**

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DONAHUE, THOMAS R 520 EAST 86TH STREET, 10B NEW YORK, NY 10028	STREET ADDRESS CITY-ST-ZIP	12 E. 86th ST New York, NY 10128
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	DONAHUE, NICHOLAS P 35 EASTON RD WESTPORT, CT 06880	STREET ADDRESS CITY-ST-ZIP	800106631388 07/24/07--01042--002 **900.00
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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:  **7/4/07** **917-721-5116**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #