

# 2010 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A98000000437

**FILED**  
**Feb 15, 2010**  
**Secretary of State**

**Entity Name:** CUMMINGS POINT LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O DONAHUE  
35 EASTON RD  
WESTPORT, CT 06880

**New Principal Place of Business:**

**Current Mailing Address:**

C/O DONAHUE  
35 EASTON RD  
WESTPORT, CT 06880

**New Mailing Address:**

**FEI Number:** 65-0842024

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

**Document #:**

**Name:** DONAHUE, THOMAS R  
**Address:** 1050 PARK AVENUE, APT. 5C  
**City-St-Zip:** NEW YORK, NY 10128

**ADDRESS CHANGES ONLY:**

**Address:**  
**City-St-Zip:**

**Document #:**

**Name:** DONAHUE, NICHOLAS P  
**Address:** 35 EASTON RD  
**City-St-Zip:** WESTPORT, CT 06880

**Address:**  
**City-St-Zip:**

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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:** THOMAS DONAHUE

\_\_\_\_\_  
Electronic Signature of Signing General Partner

02/15/2010

\_\_\_\_\_  
Date