

**2015 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A98000000437

**Entity Name:** CUMMINGS POINT LIMITED PARTNERSHIP

**Current Principal Place of Business:**

C/O DONAHUE  
35 EASTON RD  
WESTPORT, CT 06880

**FILED**  
**Jan 21, 2015**  
**Secretary of State**  
**CC4083850957**

**Current Mailing Address:**

C/O DONAHUE  
35 EASTON RD  
WESTPORT, CT 06880

**FEI Number:** 65-0842024

**Certificate of Status Desired:** No

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

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

*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 Detail :**

Document #

Document #

Name DONAHUE, THOMAS R

Name DONAHUE, NICHOLAS P

Address 1050 PARK AVENUE, APT. 5C

Address 35 EASTON RD

City-State-Zip: NEW YORK NY 10128

City-State-Zip: WESTPORT CT 06880

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS DONAHUE

**GP**

**01/21/2015**

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

\_\_\_\_\_  
Date