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: NICHOLAS P DONAHUE

Electronic Signature of Signing General Partner Detail

GP

SIGNATURE:

Electronic Signature of Registered Agent

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

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.

FEI Number: 65-0842024

Name and Address of Current Registered Agent:

Entity Name: CUMMINGS POINT LIMITED PARTNERSHIP

AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES, FL 33134 US

Current Mailing Address:

WESTPORT, CT 06880

DOCUMENT# A9800000437

C/O DONAHUE 35 EASTON RD WESTPORT, CT 06880

C/O DONAHUE 35 EASTON RD

Current Principal Place of Business:

2013 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

Certificate of Status Desired: No

FILED Feb 21, 2013 Secretary of State CC0675731591

Date