

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A08000000509

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE CUMMINGS FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

C/O FRANK M DOCKTOR 50 EAST ROAD
APT 9B
DELRAY BEACH, FL 33483 US

New Principal Place of Business:

Current Mailing Address:

C/O FRANK M DOCKTOR 50 EAST ROAD
APT 9B
DELRAY BEACH, FL 33483 US

New Mailing Address:

FEI Number: 06-1472694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOCKTOR, FRANK M
50 EAST ROAD, 9B
APT 9B
DELRAY BEACH, FL 33483 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: FRANK M DOCKTOR, TRUSTEE UA DTD 3/28/06
Address: 50 EAST ROAD APT 9B
City-St-Zip: DELRAY BEACH, FL 33483 US

Document #:

Name: GAIL C DOCKTOR, TRUSTEE UA DTD 3/28/06
Address: 50 EAST ROAD APT 9B
City-St-Zip: DELRAY BEACH, FL 33483 US

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: FRANK DOCKTOR

GP-T

03/05/2009

Electronic Signature of Signing General Partner

Date