

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A08000000509

**FILED**  
**Feb 16, 2010**  
**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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

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:  
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: FRANK M DOCKTOR

GP

02/16/2010

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

\_\_\_\_\_  
Date