

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 26 PM 3:27

1. Name of Limited Partnership

1a. DOCUMENT #
A25030

ASPEN-BONITA LAKE RESORT LIMITED PARTNERSHIP



Mailing Address

31700 MIDDLEBELT ROAD, SUITE 145
FARMINGTON HILLS MI 48334

Principal Office Address

31700 MIDDLEBELT ROAD, SUITE 145
FARMINGTON HILLS MI 48334

3. Date Formed or Registered

08/13/1987

5a. Capital Contributions as
Shown on record.

\$216,389.00

3a. Date of Last Report

01/30/1996

5b. Amount of Capital
Contributions in FLORIDA
to date

216,389.00

4. State or Country of Formation

MI

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

38-2750755

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

NEGLEY, CHARLES R
6217 DEER RUN ROAD
FORT MYERS FL 33908

10. If changed, new Registered Agent/Office

Name

C T CORPORATION SYSTEM

Street Address (P.O. Box Number Is Not Acceptable)

1200 South Pine Island Rd.

Suite, Apt. #, etc.

City

Plantation

FL

Zip Code

33324

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

C T CORPORATION SYSTEM
SIGNATURE (Registered Agent Accepting Appointment)

Claudia L. Davis

DATE

12/10/96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

SUN GP L.L.C.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

31700 MIDDLEBELT ROAD

11b. City, State & Zip Code

FARMINGTON HILLS MI 4

11c. Registration/
Document Number

M98000000098

900002045859--3
-01/03/97--01172--004
*****576.25 ***576.25**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate, and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Jeffrey P. Jorissen

DATE

12-16-96

Typed or Printed Name of General Partner Signifying Form

Jeffrey P. Jorissen, Treasurer
SUN GP L.L.C., its general partner

Daytime Telephone Number

810-932-3100

CR2E003 (6/96)