## 2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

A25030 **DOCUMENT #** 

1. Entity Name
ASPEN-BONITA LAKE RESORT LIMITED PARTNERSHIP

7 FRANKLIN RD.



Principal Place of Business 31700 MIDDLEBELT ROAD. SUITE 145 FARMINGTON HILLS MI 48334

2. Principal Place of Business

Mailing Address 31700 MIDDLEBELT ROAD: SUITE 145 FARMINGTON HILLS MI 48334

3. Mailing Address PRANKLIN RD.

FILED 03 MAY -6 PM 8: 47 ÉSECRETARY OF STATE TALLAHASSEE FLORIDA



Suite Apt. #, etc.			Suite, Apt. #, etc. See 2-00			DUE BY MAY 1, 2003					
City & State	OTHE	İ	SOUTHFIELD, MI			4. FEI Number 38-2750755			Applied For Not Applicable		
Zip	034	Country	Zip 48034	48034			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent						
C T COR	NOITAGOG	SVSTEM		Nam	Name						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324											
LONGIA	1011 1 2 000	<del>د ۲</del>									
					City FL Zip Code						
8. 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. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE											
Signature, typed or printed name of registered agent and title if applicable.  DATE											
9. Capital Contributions as Shown on record. \$216,389.00 In FLORIDA to date					711, 200				AYABLE TO FL. DEPT. OF STATE IDE FOR FEE INFORMATION		
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.											
12.	GENERAL PARTNER INFORMATION					ADDRESS CHANGES ONLY					
DOCUMENT # NAME	SUN GP L.L.C.				ss	SOUTHFIELD, MI 48034					
STREET ADDRESS 31700 MIDDLEBELT BOAD, SUITE 145 CITY-ST-ZIP FARMINGTON HILLS MI 48394				CITY-ST-ZIP		SOU7t	HIEZD.	mi	48034		
DOCUMENT #		<u> </u>		STREET ADDRE			<del></del>				
NAME STREET ADDRESS	]				}		<u> </u>		<u></u>		
CITY-ST-ZIP				CITY-ST-ZIP							
DOCUMENT#				STREET ADDRE	ss						
STREET ADDRESS				CITY-ST-ZIP							
CITY-ST-ZIP	-ST-ZIP			CITY-31-21F		50		1093			
DOCUMENT #			1	STREET ADDRE	ss	05/06/	<u>00183</u> 0301125	-001 **	£526.25		
NAME STREET ADDRESS				•	-	<del></del>					
CITY-ST-ZIP				CITY-ST-ZIP							
DOCUMENT # NAME				STREET ADDRE	ss						
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP							
DOCUMENT # NAME				STREET ADDRE	ss						
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	-			·			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**