

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 AM 11:49 #119

1. Name of Limited Partnership

1a. DOCUMENT #
A 29496

Aspen-Arbor Terrace Limited Partnership

Mailing Address
31700 Middlebelt Rd.
Suite 145
Farmington Hills, MI
48334

Principal Office Address
31700 Middlebelt Rd.
Suite 145
Farmington Hills, MI
48334

3. Date Formed or Registered
01/11/90

5a. Capital Contributions as Shown on record
\$1,750,000

3a. Date of Last Report
12/16/96

5b. Amount of Capital Contributions in FLORIDA to date:
\$1,750,000

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
MI

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FID Number
38-2904251 Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired \$8.75 Additional Fee Required

Zip Country

Zip Country

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

9. Name and Address of Current Registered Agent

CT Corporation System
1200 South Pine Island Rd.
Plantation, FL 33324

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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)

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

11b. City, State & Zip Code

11c. Registration/Document Number

Sun GP L.L.C.

31700 Middlebelt Rd.
Suite 145

Farmington Hills,
MI 48334

M96000000098

000002396100--6
-01/03/98-01103-003
***541.25 ***541.25

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

J.P. Jorissen

DATE

12-19-97

Typed or Printed Name of General Partner Signing Form

Jeffrey P. Jorissen, Manager
Sun GP LLC, its general partner

Daytime Telephone Number

248-932-3100

CR2E003 (6/97)