

2002 UNIFORM BUSINESS REPORT (UBR)

0017865 AT

DOCUMENT # A29496
 1. Entity Name
ASPEN-ARBOR TERRACE, LIMITED PARTNERSHIP

FILED
 02 APR 30 PM 6:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
31700 MIDDLEBELT ROAD, SUITE 145 **31700 MIDDLEBELT ROAD, SUITE 145**
FARMINGTON HILLS MI 48334 **FARMINGTON HILLS MI 48334**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

DUE BY MAY 1, 2002

Zip Country Zip Country

4. FEI Number Applied For
38-2904251 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,750,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,750,000**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE 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 | |
|---------------------------------|---|
| DOCUMENT # | M9600000098 |
| NAME | SUN GP L.L.C. |
| STREET ADDRESS | 31700 MIDDLEBELT ROAD, SUITE 145 |
| CITY-ST-ZIP | FARMINGTON HILLS MI 48334 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
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| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | BK |
| STREET ADDRESS | |
| CITY-ST-ZIP | 900005502119--1 |
| STREET ADDRESS | -05/10/02--01030--003 |
| CITY-ST-ZIP | ***526.25 ***526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| STREET ADDRESS | |
| 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: SIGNATURE REQUIRED **JEFFREY P. JORISSEN** 4/28/02 248-932-3100
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)