

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018396 AB

DOCUMENT # A29496



FILED
03 MAY -6 PM 8:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Entity Name
ASPEN-ARBOR TERRACE, LIMITED PARTNERSHIP

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

Mailing Address
**31700 MIDDLEBELT ROAD, SUITE 145
FARMINGTON HILLS MI 48334**



2. Principal Place of Business
27777 FRANKLIN RD.

3. Mailing Address
27777 FRANKLIN RD.

Suite, Apt. #, etc.
STE. 200

Suite, Apt. #, etc.
STE. 200

DUE BY MAY 1, 2003

City & State
SOUTHFIELD, MI

City & State
SOUTHFIELD, MI

4. FEI Number **38-2904251**

Applied For
Not Applicable

Zip
48034

Country

Zip
48034

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # **M96000000098**
NAME **SUN GP L.L.C.**
STREET ADDRESS **31700 MIDDLEBELT ROAD, SUITE 145**
CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

STREET ADDRESS **27777 FRANKLIN RD. STE. 200**
CITY-ST-ZIP **SOUTHFIELD, MI 48034**

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STREET ADDRESS **000018311060**
CITY-ST-ZIP **05/06/03--01125--005 **526.25**

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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: *Jeffrey P. Jorissen* SIGNATURE REQUIRED **JEFFREY P. JORISSEN** 5/1/03 248-208-2500
Signature and typed or printed name of signing general partner Date Daytime Phone #

CR2E003 (10/02)

SIGNATURE CHECK HERE