

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B93000000183**

1. Entity Name

ASPEN-SILVER STAR II LIMITED PARTNERSHIP

FILED

00 MAY -4 PM 4: 20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334	Mailing Address 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334-2300
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **38-3091921** Applied For
Not Applicable

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$2,500,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **2,500,000** 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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	M96000000098 SUN GP L.L.C. 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334	STREET ADDRESS CITY - ST - ZIP	200003291812--8 06/15/00--01094--007 ***526.25 ***526.25
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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:  **REQUIRE** **JEFFREY P. JORISSEN** 4/26/00 248-932-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF 11/01