

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
 02 APR 30 PM 6:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # B93000000183

1. Entity Name
ASPEN-SILVER STAR II 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: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

Zip: _____ Country: _____

DUE BY MAY 1, 2002

4. FEI Number: **38-3091921**

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 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: **\$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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	M96000000098 SUN GP L.L.C. 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	BK
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STREET ADDRESS CITY-ST-ZIP	480005502124-6 -05/10/02--01030--008 ***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: **SIGNATURE REQUIRED** *JEFFREY P. JURISSEN* 4/29/02 248-932-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)