

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000183

1. Entity Name
ASPEN-SILVER STAR II LIMITED PARTNERSHIP



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

MJH

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 38-3091921

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

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

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

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 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 LLC.
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
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. TORISSEN 5/1/03 248-208-7500
SIGNATURE/TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)