2003 LIMITED PARTNERSHIP **UNIFORM BUSINESS REPORT (UBR)**

B93000000183 DOCUMENT #

ASPEN-SILVER STAR II LIMITED PARTNERSHIP

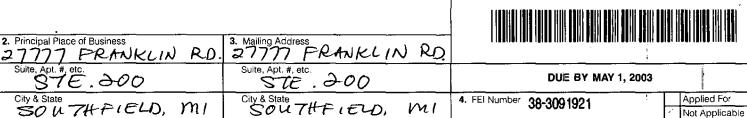


Principal Place of Business 31700 MIDDLEBELT ROAD. SUFFE 145 FARMINGTON HILLS-MI 48334

Mailing Address / 31700 MIDDLEBELT ROAD SUITE 145 FARMINGTON HILLS MI 48334

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

HLM



18034

Country

6. Name and Address of Current Registered Agent

Country

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

7. Name and Address of New Registered Agent Name

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324

Street Address (P.O. Box Number is Not Acceptable)

City

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

as Shown on record.

Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions

\$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

DATE

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	M9600000098 SUN GP LLC.	STREET ADDRESS	27777 PRANKLIN RD. STE. 200 SOUTHFIELD, MI 48034
STREET ADDRESS CITY-ST-ZIP	31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48384	CITY-ST-ZIP	SOUTHFIELD, MI 48034
DOCUMENT / NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	400018311024 05/06/03-01125-003 **\$26,25
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	05/06/0301125003 **526.25
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		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:

REQUEEREY P. JORISSEN 5/1