

Document Number Only

B93000000529

CT Corporation System
660 East Jefferson Street
Tallahassee, FL 32301
Tel 850 222 1092
Fax 850 222 7615
Attn: Jeff Netherton

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-06/09/99--01049--005

*****52.50 *****52.50

CORPORATION(S) NAME

Sun Communities Finance Limited Partnership

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input checked="" type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input checked="" type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

99 JUN -9 PM 3:58

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
Acknowledgement _____
W.P. Verifier _____

06/09/99

FILE FIRST
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE

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RECEIVED

My
6/9/99

**CERTIFICATE OF CANCELLATION
FOR**

SUN COMMUNITIES FINANCE LIMITED PARTNERSHIP

(insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.174, Florida Statutes, this foreign limited partnership hereby submits this certificate of cancellation in order to cancel its registration with the Florida Department of State.

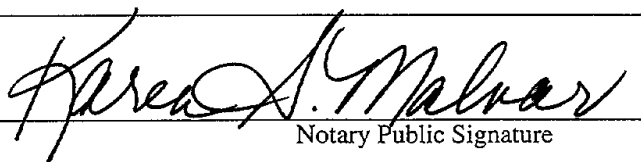
STATE OF Michigan

COUNTY OF Wayne

On this 7th day of June, 19 99, Gary A. Shiffman, President of
personally appeared before me, SUN QRS, INC., General
Partner

- ☒ who is personally known to me
☐ whose identity I proved on the basis of _____

KAREN S. MALNAR
Notary Public, Wayne County, MI
My Commission Expires Nov. 24, 2002


Notary Public Signature

Karen S. Malnar
Notary's Printed Name

Seal

My Commission Expires: 11-24-02

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