

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 30 PM 2:13

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000054

ASPEN - BREEZY PROJECT LIMITED PARTNERSHIP



Mailing Address

31700 MIDDLEBELT ROAD, SUITE 145
FARMINGTON HILLS MI 48334

Principal Office Address

31700 MIDDLEBELT ROAD, SUITE 145
FARMINGTON HILLS MI 48334

3. Date Formed or Registered

02/15/1994

5a. Capital Contributions as Shown on record:

\$13,150,000.00

3a. Date of Last Report

01/30/1996

5b. Amount of Capital Contributions in FLORIDA to date:

13,150,000.00

4. State or Country of Formation

MI

6. FEI Number

38-3151286

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

NEGLEY, CHARLES R
6217 DEER RUN ROAD
FORT MYERS FL 33908-5207

10. If changed, new Registered Agent/Office

Name: **C T CORPORATION SYSTEM**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd.

Suite, Apt. #, etc.

City: **Plantation**

FL

Zip Code: **33324**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

C T CORPORATION SYSTEM

SIGNATURE (Registered Agent Accepting Appointment)

Claudia L. Dore

DATE

12/10/96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

SUN GP LLC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

31700 MIDDLEBELT ROAD

11b. City, State & Zip Code

FARMINGTON HILLS MI 4

11c. Registration/ Document Number

M9600000098

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-01/03/97--01071--015
***576.25 ***576.25

KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Jeffrey P. Jorisse

DATE

12-16-96

CR2E003 (6/96)