

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 29 AM 11:50

21/9

1. Name of Limited Partnership
1a. DOCUMENT #
B9400000054

Aspen-Breezy Project Limited Partnership

Mailing Address 31700 Middlebelt Rd. Suite 145 Farmington Hills, MI 48334		Principal Office Address 31700 Middlebelt Rd. Suite 145 Farmington Hills, MI 48334		3. Date Formed or Registered 02/15/94	5a. Capital Contributions as Shown on record. \$13,150,000
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/30/96	5b. Amount of Capital Contributions in FLORIDA to date \$13,150,000
				4. State or Country of Formation MI	
				6. FCI Number 38-3151286	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

CT Corporation
1200 South Pine Island Rd.
Plantation, FL 33324

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Accepted)
Suite, Apt. #, etc.
City
FL Zip Code

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.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

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 L.L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 31700 Middlebelt Rd. Suite 145	11b. City, State & Zip Code Farmington Hills, MI 48334	11c. Registration Document Number M9600000098
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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
Typed or Printed Name of General Partner Signing Form **Jeffrey P. Jorissen, Member**

DATE **12-19-97**

Daytime Telephone Number **248-932-3100**

CR2E003 (6/97)