## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 1a.

FIFED SECRETARY OF STATE DIVISION OF CORPORATIONS

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	B9400000054		# 10 PHO 1010 AND 10		
ASPEN - BREEZY PROJEC	T LIMITED PARTNERSI	HIP			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
31700 MIDDLEBELT ROAD. SUITE 145	31700 MIDDLEBELT ROAD. SUITE 145 FARMINGTON HILLS MI 48334		02/15/1994	\$13,150,000.00	
FARMINGTON HILLS MI 48334			3a. Dale of Last Report 12/29/1997		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		38-3151286	Not Applicable	
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required	
Zip Country	ZIP Country		8. Make check payable to Dept. of	State (See reverse side for fee information	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324		10. If changed, now Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)			
					Suite, Apt #, etc
				City	
agent. I am familiar with, and accept the obliga SIGNATURE (Registered Agent Accepting Appointment	or registered agent, or both, in the State of Fic tions of section 620,192, Florida Statutes.	orida Such chang	ge was authorized by its general partner(s). I heret DATE	y accept the appointment of registered	
A GENERAL PARTNER THA	AT IS A CORPORATION, JST BE REGISTERED A	, LIMITED ND ACTIV	) PARTNERSHIP OR OTH! /E WITH THIS OFFICE.	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	11c. Registration/ Document Number	
SUN GP L.L.C.	31700 MIDDLEBELT ROAD		FARMINGTON HILLS MI 4	M9600000098	
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Note: General partners MAY N			endment must be filed to cha	ange a general partner.	

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 Trelease 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