


**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	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 FEB 16 AM 9:38
1. Name of Limited Partnership ASPEN - BREEZY PROJECT LIMITED PARTNERSHIP		1a. DOCUMENT # B94000000054		
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
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 12/29/1997
				4. State or Country of Formation MI
				5a. Capital Contributions as Shown on record \$13,150,000.00
				5b. Amount of Capital Contributions in FLORIDA to date 13,150,000.00
				6. FEI Number 38-3151286
				<input type="checkbox"/> Applied For <input checked="" 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)

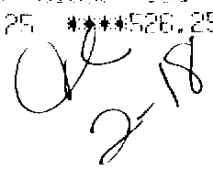


9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number Is Not Acceptable) _____ Suite, Apt. #, etc. _____ City _____ State FL Zip Code _____
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10a. 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 this 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SUN GP LLC.	31700 MIDDLEBELT ROAD	FARMINGTON HILLS MI 4	M96000000098
200002781142--9 -02/19/99--01096--008 ****526.25 ****526.25 			

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: **2/9/99**
 Daytime Telephone Number: **(248) 932-3100**

CR2E003 (12/98)