

**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 11:48

1. Name of Limited Partnership

1a. DOCUMENT #  
B94000000101

Aspen-Indian 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

03/16/94

5a. Capital Contributions as Shown on record.

\$9,000,000

3a. Date of Last Report

12/30/96

5b. Amount of Capital Contributions in F. OHIDA to date

\$9,000,000

4. State or Country of Formation

MI

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

6. FEI Number

38-3151284

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)

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

FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 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. Registry/Document Number

M9600000098

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-01/09/98--01103--002  
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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

DATE 12-19-97

Typed or Printed Name of General Partner Signing Form

Jeffrey P. Jorissen, Member

Daytime Telephone Number

248-932-3100

CR2E003 (6/97)