

**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		1a. DOCUMENT # B94000000101	
ASPEN - INDIAN PROJECT LIMITED PARTNERSHIP			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334	31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334	03/16/1994	\$9,000,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/29/1997	9,000,000.00
City & State	City & State	4. State or Country of Formation	6. FEI Number
Zip Country	Zip Country	MI	38-3151284
		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAN RD. PLANTATION FL 33324	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 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)	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	M9600000098 000002781140--5 -02/19/99--01096--005 ****526.25 ****526.25 <i>2-18</i>

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. Jorissen* DATE *2/9/99*
Typed or Printed Name of General Partner Signing Form: **JEFFREY P. JORISSEN, MEMBER
SUN GP LLC - ITS GENERAL PARTNER**
Daytime Telephone Number: *(248) 932-3100*

CR2E003 (12/98)