

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016598 AF

**DOCUMENT # B94000000101**

1. Entity Name

**ASPEN - INDIAN PROJECT LIMITED PARTNERSHIP**

**FILED**

01 FEB -2 AM 10: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**31700 MIDDLEBELT ROAD, SUITE 145  
FARMINGTON HILLS MI 48334**

Mailing Address  
**31700 MIDDLEBELT ROAD, SUITE 145  
FARMINGTON HILLS MI 48334**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

4. FEI Number **38-3151284**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAN RD.  
PLANTATION FL 33324**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$9,000,000.00**  
10. Amount of Capital Contributions in FLORIDA to date. **9,000,000**  
11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT # **M96000000098**  
NAME **SUN GP LLC.**  
STREET ADDRESS **31700 MIDDLEBELT ROAD, SUITE 145**  
CITY-ST-ZIP **FARMINGTON HILLS MI 48334**

STREET ADDRESS  
CITY-ST-ZIP **100003654911--0**  
**02/05/01--01/08--008**  
**\*\*\*\*526.25 \*\*\*\*526.25**

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED** **1/15/01** **(248) 932-3100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)