

2001 UNIFORM BUSINESS REPORT (UBR)

0016598 AF

DOCUMENT # B94000000101

1. Entity Name

ASPEN - INDIAN PROJECT LIMITED PARTNERSHIP

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

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

FILED
01 FEB -2 AM 10:34

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-3151284**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

DOCUMENT #
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 CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

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]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/15/01
Date

(248) 932-3100
Daytime Phone #

CR2E003 (11/00)