

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0018987 AB

DOCUMENT # B94000000101
 1. Entity Name
ASPEN - INDIAN PROJECT LIMITED PARTNERSHIP



FILED
 03 MAY -6 PM 8:49
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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
27777 FRANKLIN RD.

3. Mailing Address
27777 FRANKLIN RD.

Suite, Apt. #, etc.
STE. 200

Suite, Apt. #, etc.
STE. 200

City & State
SOUTHFIELD, MI

City & State
SOUTHFIELD, MI

Zip
48034

Country

Zip
48034

Country

DUE BY MAY 1, 2003

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	27777 FRANKLIN RD. STE. 200
CITY-ST-ZIP	SOUTHFIELD, MI 48034
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: **JEFFREY P. JOARISSEN** 5/1/03 248-208-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE