

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 11, 2005 08:00 AM
Secretary of State

DOCUMENT # B94000000115

1. Entity Name
SUN COMMUNITIES OPERATING LIMITED PARTNERSHIP



Principal Place of Business
27777 FRANKLIN RD., STE 200
SOUTHFIELD, MI 48034

Mailing Address
27777 FRANKLIN RD., STE 200
SOUTHFIELD, MI 48034



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202005

Chg-LP

CR2E003 (10/03)

4. FEI Number

38-3144240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

Signature, typed or printed name of registered agent and date if applicable.

DATE

9. Capital Contributions
 as Shown on record.

\$92,400,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

92,400,000

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 # **F93000005373**
 NAME **SUN COMMUNITIES, INC.**
 STREET ADDRESS **27777 FRANKLIN RD., STE 200**
 CITY-ST-ZIP **SOUTHFIELD, MI 48034**

STREET ADDRESS

CITY-ST-ZIP

U00000365702

05/11/05-88812-000 526.25

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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JEFFREY P. JONSSON

4/28/05

Date

248-208-2500

Daytime Phone #

STAPLE CHECK HERE