

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 13 AM 10:42

1. Name of Limited Partnership

1a. DOCUMENT #
B97000000432

SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP



902/17

Mailing Address: 31700 MIDDLEBELT ROAD, SUITE 145, FARMINGTON HILLS MI 48334
Principal Office Address: 31700 MIDDLEBELT ROAD, SUITE 145, FARMINGTON HILLS MI 48334

3. Date Formed or Registered
08/20/1997

5a. Capital Contributions as Shown on record.
\$100.00

3a. Date of Last Report
INITIAL REPORT

5b. Amount of Capital Contributions in FLORIDA to date.
\$ - 0 -

4. State or Country of Formation
MI

2. Mailing Address Suite, Apt. #, etc.
2a. Principal Office Address Suite, Apt. #, etc.

6. FEI Number
38-3367176 Applied For Not Applicable

City & State Zip Country

7. Certificate of Status Desired **\$8.75** Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc. **100002434081--1**
City **-02/18/98--01053--004**
******141.25 FL ****141.25**

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 COMMUNITIES FUNDING GP L L C	31700 MIDDLEBELT ROAD	FARMINGTON HILLS MI 48334	M97000000525

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 **2/7/98**

Jeffrey P. Jorissen, manager Designated Telephone Number **248-932-3100**

CR2E003 (12/97)