

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR 13 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # B97000000432	
SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP			
Mailing Address		Principal Office Address	
31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334		31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
08/20/1997	\$100.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
02/13/1998	\$100.00
4. State or Country of Formation	6. FEI Number
MI	38-3367176
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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	31700 MIDDLEBELT ROAD	FARMINGTON HILLS MI 4	M97000000525
		100002842331-6 -04/16/99--01079--003 ****141.25 ****141.25 1/2 4-14-99	

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

J.P. Joensen
JEPPEY P. JOENSEN, TREASURER

DATE

4/6/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(248) 932-3100

CR2E003 (12/98)