

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000432**

1. Entity Name

**SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP**

FILED

00 MAY -4 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**31700 MIDDLEBELT ROAD, SUITE 145**      **31700 MIDDLEBELT ROAD, SUITE 145**  
**FARMINGTON HILLS MI 48334**      **FARMINGTON HILLS MI 48334-2300**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**38-3367176**      Not Applicable

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

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

9. Capital Contributions as Shown on record.      \$100.00      10. Amount of Capital Contributions in FLORIDA to date.      100      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 #      **M9700000525**  
 NAME      **SUN COMMUNITIES FUNDING GP L.L.C.**  
 STREET ADDRESS      **31700 MIDDLEBELT ROAD, SUITE 145**  
 CITY - ST - ZIP      **FARMINGTON HILLS MI 48334**

STREET ADDRESS      **300003286933--8**  
 CITY - ST - ZIP      **06/13/00 01045--018**  
                                  **\*\*\*\*141.25 \*\*\*\*141.25**

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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 REQUIRED**      **JEFFREY P. JORISSEN**      **4/26/00**      **248-932-3100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CF - 010-0001