

# 2002 UNIFORM BUSINESS REPORT (UBR)

0017962 AT

DOCUMENT # B97000000432

1. Entity Name

SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP

FILED

02 APR 30 PM 6: 32

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

38-3367176

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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 # M97000000525  
NAME SUN COMMUNITIES FUNDING GP L.L.C.  
STREET ADDRESS 31700 MIDDLEBELT ROAD, SUITE 145  
CITY-ST-ZIP FARMINGTON HILLS MI 48334

STREET ADDRESS

CITY-ST-ZIP

BK

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CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JEFFREY P. TORISSEN 4/29/02 248-932-3100

Date

Daytime Phone #