



**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

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

|   |                                   |   |  |   |          |
|---|-----------------------------------|---|--|---|----------|
| <b>DOCUMENT # B97000000432</b>  |                                   |   |  |                |          |
| 1. Entity Name<br>SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP   |                                   |   |  |   |          |
| Principal Place of Business<br>27777 FRANKLIN RD., STE 200<br>SOUTHFIELD, MI 48034  |                                   |   | Mailing Address<br>27777 FRANKLIN RD., STE 200<br>SOUTHFIELD, MI 48034 |   |          |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |  |   |          |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |  |   |          |
| City & State  |                                   | City & State  |  | 4. FEI Number<br>38-3367176   |          |
| Zip   | Country                           | Zip   | Country  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |          |
| 6. Name and Address of Current Registered Agent<br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |                                   |   |  |   |          |
| 9. Capital Contributions as Shown on record, \$100.00   |                                   | 10. Amount of Capital Contributions in FLORIDA to date, 100 |  |   |          |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.<br/>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                   |   |  |   |          |
| 12. GENERAL PARTNER INFORMATION   |                                   |   | 13. ADDRESS CHANGES ONLY   |   |          |
| DOCUMENT #  | M97000000525                      | STREET ADDRESS  | U00000365801<br>05/11/05-80016-022 141.25                              |   |          |
| NAME  | SUN COMMUNITIES FUNDING GP L.L.C. | CITY-ST-ZIP   |  |   |          |
| STREET ADDRESS  | 27777 FRANKLIN RD., STE 200       |   |  |   |          |
| CITY-ST-ZIP   | SOUTHFIELD, MI 48034              |   |  |   |          |
| DOCUMENT #  |                                   | STREET ADDRESS  |  |   |          |
| NAME  |                                   | CITY-ST-ZIP   |  |   |          |
| STREET ADDRESS  |                                   |   |  |   |          |
| CITY-ST-ZIP   |                                   |   |  |   |          |
| DOCUMENT #  |                                   | STREET ADDRESS  |  |   |          |
| NAME  |                                   | CITY-ST-ZIP   |  |   |          |
| STREET ADDRESS  |                                   |   |  |   |          |
| CITY-ST-ZIP   |                                   |   |  |   |          |
| DOCUMENT #  |                                   | STREET ADDRESS  |  |   |          |
| NAME  |                                   | CITY-ST-ZIP   |  |   |          |
| STREET ADDRESS  |                                   |   |  |   |          |
| 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:   |                                   | JEFFREY P. JORISSEN   |  | 4/28/05   |          |
|   |                                   |   |  | 248-208-2500  |          |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                                   | <small>Date</small>   |  | <small>Daytime Phone #</small>  |          |



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