

B97000000432

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TALLAHASSEE, FLORIDA

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FILING REQUEST

August 3, 2005

FLORIDA DEPARTMENT OF STATE

<i>Type of Filing:</i>	CHANGE OF AGENT
<i>Subject(s):</i>	SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP
<i>Form(s) Enclosed:</i>	STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT
 <i>Supporting Document(s):</i>	 NONE
<i>Check Enclosed:</i>	CHECK# 20000 FOR \$35.00
<i>Return Via:</i>	REGULAR MAIL - SASE ATTACHED
<i>Filing Method:</i>	ASAP

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PLEASE RETURN TO: PREMIER CORPORATE SERVICES, INC.
590 PARK STREET, SUITE 6
ST. PAUL, MN 55103

Please call me at **1-800-227-1256** if there are any questions.

Thank you!

Melissa Hobbs

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Sun Communities Funding Limited Partnership

Name of the limited partnership

2. 08/20/1997

Date of filing/registration in Florida

3. B97000000432

Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

5. The name and address of the new registered agent and/or office:

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

Florida street address (P.O. Box **not** acceptable)

Weston

FL 33331

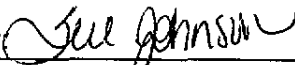
City, State and Zip

6. Such change(s) was/were authorized by the general partners.



Signature of General Partner

Jonathan Colman, Vice President of SCF Manager Inc., Manager of Sun Communities Funding GP L.L.C.,
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.
NRAI Services, Inc. General Partner

by 

Signature of Registered Agent
Sue Johnson, asst. secretary

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**

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