

B97000000432

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2005 AUG -8 P 11:19

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FILING REQUEST

August 3, 2005

FLORIDA DEPARTMENT OF STATE

Type of Filing: CHANGE OF AGENT
Subject(s): SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP
Form(s) Enclosed: STATEMENT OF CHANGE OF REGISTERED OFFICE / AGENT

Supporting Document(s): NONE
Check Enclosed: CHECK# 20000 FOR \$35.00
Return Via: REGULAR MAIL - SASE ATTACHED
Filing Method: 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

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

[Signature]
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.
General Partner

by [Signature]
Signature of Registered Agent
see 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**