


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # B97000000432  
 1. Entity Name  
 SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP



Principal Place of Business: 27777 FRANKLIN RD., STE 200, SOUTHFIELD, MI 48034  
 Mailing Address: 27777 FRANKLIN RD., STE 200, SOUTHFIELD, MI 48034

**DO NOT WRITE IN THIS SPACE**



03102006 No Chg-LP CR2E003 (11/05)  
 4. FEI Number: 38-3367176 Applied For: Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE, SUITE 4  
 WESTON, FL 33331

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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 |                                   |
|---------------------------------|-----------------------------------|
| DOCUMENT #                      | M97000000525                      |
| NAME                            | SUN COMMUNITIES FUNDING GP L.L.C. |
| STREET ADDRESS                  | 27777 FRANKLIN RD., STE 200       |
| CITY-ST-ZIP                     | SOUTHFIELD, MI 48034              |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |
| DOCUMENT #                      |                                   |
| NAME                            |                                   |
| STREET ADDRESS                  |                                   |
| CITY-ST-ZIP                     |                                   |

U00000558086  
 05/17/06-80081-007 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **JEFFREY P. JORISSEN** 4/24/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #