

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000432

1. Entity Name
SUN COMMUNITIES FUNDING LIMITED PARTNERSHIP



FILED
03 MAY -6 PM 8:49
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
27777 FRANKLIN RD

3. Mailing Address
27777 FRANKLIN RD

Suite, Apt. #, etc.
STE. 200

Suite, Apt. #, etc.
STE. 200

DUE BY MAY 1, 2003

City & State
SOUTHFIELD, MI

City & State
SOUTHFIELD, MI

4. FEI Number 38-3367176

Applied For
Not Applicable

Zip
48034

Country

Zip
48034

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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 27777 FRANKLIN RD STE. 200
CITY-ST-ZIP SOUTHFIELD, MI 48034

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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 REQUIRED: JEFFREY P. JORISSEN 5/1/03 248-208-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

0018395 AB