			1, 1998 d LATE FE		Liability	/ Com	pany will	be	••					
EIMITED EIMBIETT OOM MITTER						NDA DEPARTMENT OF STATE Sandra B. Mortham			FILED					
ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS								98 MAY -4 PM 3: 45						
\$ 188. 1. Name	.75 and Mailir	Make Ch	eck Payabl	To: FLORI	DA DEPAR	RTMEN.	plemental For OF STATE		SECR TALL/	ETARY OF AHASSEE,	STATI FLORID	Â		
SUN GP L.L.C. 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334								317	1a. Principal Place of Business Address 31700 MIDDLEBELT ROAD, SUITE FARMINGTON HILLS MI 48334					
2. Principal Place of Business				2a. Mailir	ng Address			3. Date	3. Date Organized or Qualified			3a. State of Formation		
Sulte, Apt. #, etc. Su				Suite, Apr	ite, Apt. #, etc.				03/25/1996 4. FEI Number			MI		
City & State City & St.				ole .			3 . PEII	Antinat			Applie	d For		
Oily a State				Only & Sta				1	38-3289528 5. Date of Last Report		Not Applicable 6. Certificate of Status Desired			
Zip Country Zip				Zip	Country			1	· ·			SB 75 Additional Fee Required		
	7. 1	lame and Ad	dress of Curre	ent Registered	Agent		,		14/1 Address	997 of New Regis	tered Age	nt/Office		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324						Street Addres Sulte, Apt. #,		P.O. Box Number is Not Acceptable) DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD						
Its register	ed office	or registered a					pove-named limi uthorized by affir			bmits this state				
SIGNATU	RE	(Reg-	stered Agent Accept	ing Appointment) (N	IOTE Registered A	gent signatur	a required when reinsl	ating)	[DATE				
10. Title	Managing Members/Managers			gers	Business Street Address			ss	City		, State and Zip Code			
MGRM	SUN	COMMU	NITIES	OPER,	31700	MIDI	DLEBELT	ROAD,	SUI	FARMIN	GTON	HILLS	MI	
MGRM	SUN	COMMU	NITIES,	INC.	31700	MIDI	LEBELT	ROAD,	SUI	FARMIN	IGTON	HILLS	MI	
£**														

11. Ido 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 annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver of truetee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. attachment with an address.

SIGNATURE: _

SIGNATURIL AND TYPE OF OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/35/98 848-932-31 oo
Date Daysme Phone A