File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400 00 LATE FFF.

subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY FILED Katherine Harris ANNUAL REPORT Secretary of State 99 MAR 10 AH 10: 55 1999 **DIVISION OF CORPORATIONS** FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee TALL AHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT** # M96000000098 1a. Principal Place of Business Address SUN GP L.L.C. 31700 MIDDLEBELT ROAD, SUITE 31700 MIDDLEBELT ROAD, SUITE 145 FARMINGTON HILLS MI 48334 FARMINGTON HILLS MI 48334 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 03/25/1996 MΙ Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 38-3289528 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country Zıp \$8.75 Additional Fee Required 05/04/1998 8. Name and Address of New Registered Agent/Office 7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Suite Apt #, etc. Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE . (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code 31700 MIDDLEBELT ROAD, SUI FARMINGTON HILLS MI MGRM SUN COMMUNITIES OPER, 31700 MIDDLEBELT ROAD, SUI FARMINGTON HILLS MI MGRM SUN COMMUNITIES, INC. Fiduria 25 1 1 3 5 6 --- \$\frac{1}{-03/19/99 -- 01009 -- 018}\frac{1}{****188.75} *****188.7\$

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. If urther 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 or trustee 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.

SIGNATURE:

AND THE DOLER VIEW MANAGER MANAGER WE MANAGER OF MANAGER OF

199 (248)932-3100

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