2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # M9600000098 1. Entity Name SUN GP L.L.C.						FILED			
						OIFEB 19 AM 9:35			
Principal Place of Business Mailing Address									
31700 MIDDLEBELT ROAD, SUITE 145 31700 MIDDLEBELT ROAD, SI FARMINGTON HILLS MI 48334 FARMINGTON HILLS MI 4833				SECRETARY OF STATE TALLAHASSEE. FLORIDA					
PARAMETER MI 40004			134		į į			****	
2. Principal F	Place of Business	3. Mailing Address	Mailing Address			ı innendiş ilə enişə değil daliğ əbliş dəliği dəki	62 66 66		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	е	City & State			4. FEIN	4. FEI Number 38-3289528 Applied For Not Applicable			
Zip	Country	Zip	Zip Country			5. Certificate of Status Desired 5. Space Sequired 5. Certificate of Status Desired 5. Space Sequired			
·	6. Name and Address of Current	 Registered Agent	Agent			7. Name and Address of New Registered Agent			
or thank and rearest of Carlott Hogisterot Agent				Name	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
C T CORPORATION SYSTEM				Street Address (P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD			-	Chost ridal cost (1.0. Sox ridal social cost (2.0. Sox rid					
PLANTATI	ON FL 33324								
	. ,	•		City		F	L Zip Cod	е	
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. SIGNATURE Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOW!!! FEI Make Check Payable to D									
9.	MANAGING MEMBE		10.			ADDITIONS/CHANGE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUN COMMUNITIES OPERATING LIMITED PRINRSHP SIR SIR SIR			ADDRESS T-ZIP.		, · · ·	Change	Addition	
TITLE	MGRM	☐ Delete	TITLE			<u> </u>	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	SUN COMMUNITIES, INC. 31700 MIDDLEBELT ROAD, SUITE FARMINGTON HILLS MI 48334		NAME	ADDRESS		80000374 -02/21/01- ******50.0	5033	<u>-</u> -5	
TITLE 5	,	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition	
NAME . STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP		·	CITY-S						
TITLE		☐: Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS C/TY-ST-ZIP			STREET CITY-S	ADDRESS 5-7IP				į	
TITLE	·	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	•		NAME	1		W	· · · · •		
STREET ADDRESS	4			ADDRESS		281			
CITY-ST-ZIP		□ 0-1-1-	CITY-S'	1-417			Channa Channa	☐ Addition	
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS		·	STREET	ADDRESS					
CITY-ST-ZIP			CITY-S						
indicated	ertify that the information supplied with on this report is true and accurate and t bility company or the receiver or trustee	hat my signature shall have the	same (egal effect as i	f made unde	oath: that I am a managing mem	ertify that the ir ber or manage	nformation or of the	

2/9/01