2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M9600000098 1. Entity Name

SUN GP L.L.C.



Principal Plac	ce of Business	Mailing Address							
31700 MIDDLEBELT ROAD. SUITE 145 FARMINGTON HILLS MI 48334		31700 MIDDLEBELT ROAD. SUITE:145 FARMINGTON HILLS MI 48334							
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2. Principal F	Place of Business 7 FRANKLIN RD	3. Mailing Address	ANKLIA) RD					
Suite, Apt.	#, etc. - 200	27171 PRANKLIN RD Suite, Apt. #, etc. STE. 200			CHECK HERE IF MAKING CHANGES				
City & Stat	THEIED, MI	SOUTH FIEL	D, M	(4. FEI Nur	nber 38-3289528	3		oplied For ot Applicable
Z2803	34 Country	2ip 48 a34	Country		5. Certific	ate of Status Desired		5.00 Add se Require	
ļ. 	6. Name and Address of Current	Registered Agent	Name		7. Name a	and Address of New Re	egistered Ag	ent	
C T CORPORATION SYSTEM									
	O SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324									
			City				FL	Zip Code	e
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registere	d agent, or	both, in the State of Flor	ida. I am fan	niliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agent signa	ture required v	vhen reinstating)		UAIE -		
•,		FILE NOV	V!!! FEE IS	\$50.00					
*.		Make Check Payable			t of State				
, i		_	By May 1, 200						
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE	MGRM	□ Delete	TITLE				. [Change	Addition
NAME	SUN COMMUNITIES OPERATING		NAME			-0 4-11-11	Δ.	07 <i>E</i>	0.00
STREET ADDRESS	31700 MIDDLEBELT BOAD, SUIT	E-145	STREET ADDRESS			RANKLIN			
CITY-ST-ZIP	FARMINGTON-HILLS MI 48834	_ 	CITY-ST-ZIP	S	<u> Ou 74</u>	PIELD, M		7034	
TITLE	MGRM SUN COMMUNITIES, INC.	☐ Delete	TITLE					Change	Addition
NAME STREET ADDRESS	31700-MIDDLEBELT ROAD, SUIT	E 145	NAME STREET ADDRESS	277	22 1	PRANKLIN	RO.	STE.	.20p
CITY-ST-ZIP	FARMINGTON HILLS MI 48334	140	CITY-ST-ZIP	S	0471	FIELD,	mi.	4803	3 (L
TITLE		□ Delete	TITLE					7 Change	Addition
NAME			NAME				_	5-	
STREET ADDRESS			STREET ADDRESS	1					
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TITLE NAME		☐ Delete	TITLE NAME				L	Change	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP	·		CITY-ST-ZIP	ĺ			•		•

11. 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 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

248-208-2500

Change

☐ Addition

FILED
May 06, 2003 8:00 am
Secretary of State
05-06-2003 90065 007 ****50.00