

ORIGEN FINANCIAL INC  
 Form 3/A  
 February 11, 2008

**FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION**  
**Washington, D.C. 20549**

OMB APPROVAL

OMB Number: 3235-0104  
 Expires: January 31, 2005  
 Estimated average burden hours per response... 0.5

**INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES**

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934,  
 Section 17(a) of the Public Utility Holding Company Act of 1935 or Section  
 30(h) of the Investment Company Act of 1940

(Print or Type Responses)

1. Name and Address of Reporting Person *			2. Date of Event Requiring Statement		3. Issuer Name <b>and</b> Ticker or Trading Symbol	
Â SUN COMMUNITIES INC			(Month/Day/Year)		ORIGEN FINANCIAL INC [ORGN]	
(Last)	(First)	(Middle)	02/01/2008		4. Relationship of Reporting Person(s) to Issuer	
27777 FRANKLIN ROAD,Â SUITE 200					5. If Amendment, Date Original Filed(Month/Day/Year)	
(Street)					05/05/2004	
SOUTHFIELD,Â MIÂ 48034					6. Individual or Joint/Group Filing(Check Applicable Line)	
(City)	(State)	(Zip)			___ Form filed by One Reporting Person	
					_X_ Form filed by More than One Reporting Person	

(Check all applicable)

\_\_\_ Director     10% Owner  
 \_\_\_ Officer    \_\_\_ Other  
 (give title below)    (specify below)

**Table I - Non-Derivative Securities Beneficially Owned**

1. Title of Security (Instr. 4)	2. Amount of Securities Beneficially Owned (Instr. 4)	3. Ownership Form: Direct (D) or Indirect (I) (Instr. 5)	4. Nature of Indirect Beneficial Ownership (Instr. 5)
Common Stock, \$.01 par value	5,000,000	I	Shares held by Sun OFI, LLC <sup>(1)</sup>

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

SEC 1473 (7-02)

**Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.**

**Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)**

1. Title of Derivative Security (Instr. 4)	2. Date Exercisable and Expiration Date (Month/Day/Year)	3. Title and Amount of Securities Underlying Derivative Security (Instr. 4)  Title	4. Conversion or Exercise Price of Derivative Security	5. Ownership Form of Derivative Security: Direct (D)	6. Nature of Indirect Beneficial Ownership (Instr. 5)
---	---	---	--	---	--

Date	Expiration	Amount or	or Indirect
Exercisable	Date	Number of	(I)
		Shares	(Instr. 5)

## Reporting Owners

Reporting Owner Name / Address	Relationships			
	Director	10% Owner	Officer	Other
SUN COMMUNITIES INC 27777 FRANKLIN ROAD SUITE 200 SOUTHFIELD, MI 48034	Â	Â X	Â	Â
Sun Home Services, Inc. 27777 FRANKLIN ROAD SUITE 200 SOUTHFIELD, MI 48034	Â	Â X	Â	Â
Sun OFI, LLC 27777 FRANKLIN ROAD SUITE 200 SOUTHFIELD, MI 48034	Â	Â X	Â	Â

## Signatures

/s/ Karen J. Dearing, EVP, CFO, Sec and Treas.	02/11/2008
**Signature of Reporting Person	Date
/s/ Karen J. Dearing, Authorized Signatory	02/11/2008
**Signature of Reporting Person	Date
/s/ Gary A. Shiffman Manager	02/11/2008
**Signature of Reporting Person	Date

## Explanation of Responses:

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

(1) These shares are owned directly by Sun OFI, LLC, which is a wholly owned subsidiary of Sun Home Services, Inc., which, in turn, is a wholly owned subsidiary of Sun Communities Operating Limited Partnership. Sun Communities, Inc., is the General Partner of Sun Communities Operating Limited Partnership. Sun Communities, Inc., Sun Communities Operating Limited Partnership and Sun Home Services, Inc., are indirect beneficial owners of the reported securities.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, See Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.