

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 06 MAY -1 AM 8:43

**DOCUMENT # B03000000398**

1. Entity Name  
 CAMELOT COMMUNITIES MHP, L.P.



Principal Place of Business  
 525 UNIVERSITY AVENUE #610  
 PALO ALTO, CA 94301

Mailing Address  
 525 UNIVERSITY AVENUE #610  
 PALO ALTO, CA 94301

2. Principal Place of Business  
 575 High Street

3. Mailing Address  
 575 High Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 350

Suite 350

City & State

City & State

Zip

Country

Zip

Country

04132006 Chg-LP CR2E003 (11/05)

4. FEI Number  
 93-1028304

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FORD, JAMES M  
 6300 QUEENSBURY BOULEVARD  
 SARASOTA, FL 34241

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

**12. GENERAL PARTNER INFORMATION**

**13. ADDRESS CHANGES ONLY**

DOCUMENT #  
 NAME THE BEN F. IVY LIVING TRUST  
 STREET ADDRESS IVY, BEN F TRUSTEE  
 CITY-ST-ZIP 525 UNIVERSITY AVENUE #610  
 PALO ALTO, CA 94301

STREET ADDRESS 575 High Street, Suite 350  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS  
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STREET ADDRESS  
 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:**

*Catherine E. Ivy, Co-Trustee*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Catherine E. Ivy, Co-Trustee of the Ben F. Ivy Living Trust

STAPLE CHECK HERE

000075028180  
 05/22/06--01045--001 \*\*3000.00

4/20/06 6503283800