

2001 UNIFORM BUSINESS REPORT (UBR)

0016882 AF

DOCUMENT # B93000000103

1. Entity Name

MHC OPERATING LIMITED PARTNERSHIP

Principal Place of Business

**2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606**

Mailing Address

~~C/O ANN M. SCHNEIDER~~
**2 NORTH RIVERSIDE PLAZA
CHICAGO IL 60606**

FILED
01 MAR 12 AM 10:38

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Jennifer Usher

3. Mailing Address

**c/o Jennifer Usher
2 N. Riverside Plaza**

Suite, Apt. #, etc.

Suite 800

Suite, Apt. #, etc.

Suite 800

City & State

City & State

4. FEI Number

36-3853565

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LEXIS DOCUMENT SERVICES, INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,736,090.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1,736,090.00

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 # **F93000001053**
NAME **MANUFACTURED HOME COMMUNITIES, INC.**
STREET ADDRESS **2 NORTH RIVERSIDE PLAZA**
CITY-ST-ZIP **CHICAGO IL 60606**

STREET ADDRESS

CITY-ST-ZIP

200003851272--7

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: By DAVID W. FELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ASST. SECRETARY OF MANUFACTURED HOME COMMUNITIES, INC.
1/25/01 Date 312/279-1400 Daytime Phone #

CR2E003 (11/00)