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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E039 (1/11)

DOCUMENT # B93000000103

1. Name of Limited Partnership

MHC OPERATING LIMITED PARTNERSHIP

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
Two N. Riverside Plaza	Two N. Riverside Plaza
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State: Chicago, IL	City & State: Chicago, IL
Zip: 60606 Country: USA	Zip: 60606 Country: USA

4. Date Formed or Registered To Do Business in Florida

5. FEI Number ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation FL Zip Code: 60606

7. FEES:
Filing Fee(s): $411.25 for each year due this office.
Supplemental Fee(s): $88.75 for each year due this office.
Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

E-mail Address: Jo_Figueroa@equitylifestyle.com
E-mail address to be used for future annual report notices.

9. Pursuant to the provisions of section 620.1510 or 620.1908, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) James M. Halpin Assistant Secretary DATE 2/20/2013
(REGISTERED AGENT MUST SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
MHC Trust	Two N. Riverside Plaza, Suite 800	Chicago, IL 60606	D06000000025

FEB 20 2014

S. PRATHER

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. *I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

SIGNATURE [signature] DATE 2/20/14

Norman Field, Vice President of MHC Trust, General Partner
Typed or Printed Name of General Partner Signing Form

Telephone Number 312-279-1670

Florida Department of State

Division of Corporations

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LP/LLLP REINSTATEMENT
MHC OPERATING LIMITED PARTNERSHIP

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