

3/23/2014 16:50:58 From: To: 8506176283

Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
MHC OPERATING LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$52.50

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TALLAHASSEE, FLORIDA

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EXAMINER
MAR 14 2014

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AMENDMENT TO CERTIFICATE OF AUTHORITY
FOR
FOREIGN LIMITED PARTNERSHIP OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

1. The name of the limited partnership or limited liability limited partnership as it appears on the records of the Florida Department of State is:

MHC Operating Limited Partnership

2. The jurisdiction of its formation is: Illinois

3. The date the entity was authorized to transact business in Florida is: 03/03/1993

4. If the amendment changes the name of the limited partnership or limited liability limited partnership, enter the new name:

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

5. If the amendment changes the general partner(s), list the name and business address of each general partner:

Name:

Business Address:

Equity Lifestyle Properties, Inc.

Two N. Riverside Plaza, Suite 800
Chicago, IL 60606

6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:

8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:

☐ The entity elects to be a limited liability limited partnership.

☐ The entity is no longer a limited liability limited partnership.

9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

10. Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

Signature of a general partner:

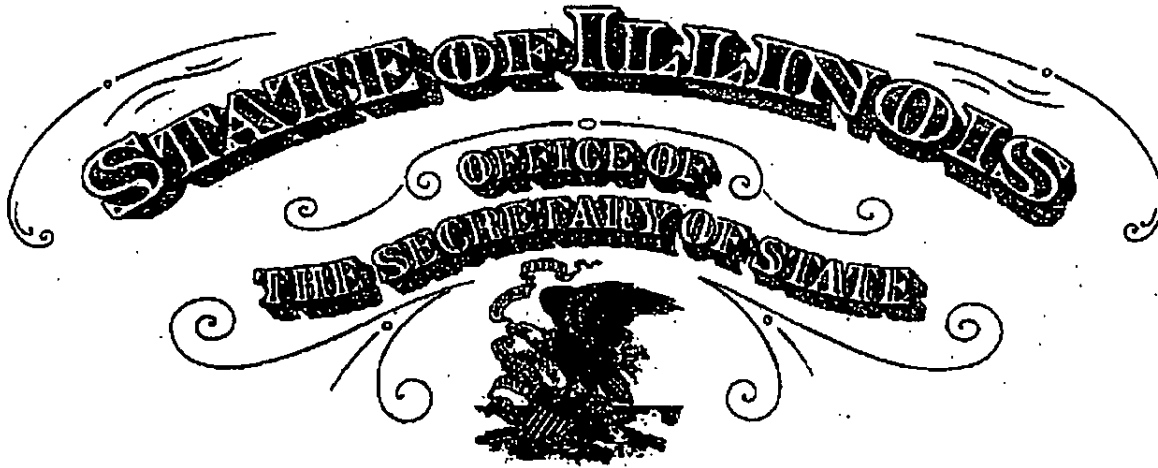


Typed or printed name:

Norman Field, Vice President of Equity
Lifestyle Properties, Inc., General Partner

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75

File Number C007262



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

MHC OPERATING LIMITED PARTNERSHIP, HAVING REGISTERED IN THE STATE OF ILLINOIS ON MARCH 3, 1993. THE PARTNERSHIP ADMITTED NEW GENERAL PARTNER, EQUITY LIFESTYLE PROPERTIES, INC. AND MHC TRUST, A MARYLAND REAL ESTATE INVESTMENT TRUST, DISSOCIATED FROM THE LIMITED PARTNERSHIP AS A GENERAL PARTNER ON DECEMBER 30 2013.*****



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of MARCH A.D. 2014

Jesse White

SECRETARY OF STATE

Authentication #: 1407201697

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