2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # B98000000451 **Secretary of State** GLEN ELLEN MOBILE HOME PARK, L.P. Mailing Address Principal Place of Business TWO NORTH RIVERSIDE PLAZA, SUITE 800 TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606 CHICAGO, IL 60606 2, Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc 01142004 Chg-LP CR2E003 (10/03) City & State City & State 4. FFI Number Applied For 52-2092546 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LEXIGNEXIS DOCUMENT SOLUTIONS, INC. . . Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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 little if applicable DATE 10. Amount of Capital Contributions in FLORIDA to date. \$660,000.00 9, Capital Contributions \$660,000.00 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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY DOCUMENT # M02000002304 STREET ADDRESS ΝΑΜΈ MHC GLEN ELLEN, L.L.C. STREET ADDRESS TWO NORTH RIVERSIDE PLAZA, SUITE 800 CITY-ST-ZIP CITY-ST-ZIP CHICAGO, IL 60606 000000094733 DOCUMENT A STREET ADDRESS 03/24/04-80001-009 526.25 NAME STREET ADDRESS City-St-ZiP CITY - ST - ZIF DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS CHECK NAME. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 14. Thereby 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 trus: ——powered to execute this report as required by Chapter 620, Florida Statutes MHC G/an Ellen, L.I.C., by MHC Operating Limited Partnership, its managing member, by Manufactured Home, Communities, Inc. its general partner, SIGNATURE: ——SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING STRATED TITLE 1. Date Date Date Date Date Date Description of the Imited partnership or the Imited partnership

FILED

Mar 10, 2004 08:00 AM