


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # B98000000451	
1. Entity Name GLEN ELLEN MOBILE HOME PARK, L.P.	

Principal Place of Business TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606	Mailing Address TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
--	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent LEXISNEXIS DOCUMENT SOLUTIONS, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301	
---	--

	
04062005	Chg-LP
CR2E003 (10/03)	
4. FEI Number 52-2092546	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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	DATE
-----------	------

9. Capital Contributions as Shown on record. \$660,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M02000002304	STREET ADDRESS	
NAME	MHC GLEN ELLEN, L.L.C.	CITY-ST-ZIP	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, SUITE 800		
CITY-ST-ZIP	CHICAGO, IL 60606		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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

MHC Glen Ellen, L.L.C., by MHC Operating Limited Partnership, its managing member, by MHC Trust, its general partner

SIGNATURE	By: <i>David W. Fell</i>	DATE	04/13/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	
David W. Fell, VP		312/279-1400	

STAPLE CHECK HERE