## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

## Mar 10, 2004 08:00 AM DOCUMENT # B9900000054 **Secretary of State** HOLIDAY VILLAGE, L.P. Principal Place of Business Mailing Address 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 CR2E003 (10/03) Cha-LP City & State City & State Applied For 4. FEI Number 52-2135123 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEXISNEXIS DOCUMENT SOLUTIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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, typod or printed name of registered agent and title if applicable 9. Capital Contributions 10. Amount of Capital Contributions \$2,350,000.00 in FLORIDA to date. 2,350,000 as Shown on record. 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. ADDRESS CHANGES ONLY M02000001929 DOCUMENT # STREET ADDRESS MHC HOLIDAY VILLAGE TWO, L.L.C. NAME TWO NORTH RIVERSIDE PLAZA, SUITE 800 STREET ADDRESS U00000094731 CHY-ST-ZIP CITY-ST-ZIF CHICAGO, IL 60606 <u>03/24/04-80001-007 526 25</u> DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 620. Florida Statutes MHC Holiday VILLage Two. L.L.C., by MHC Operating Limited Partnership, its managing member, by Mapufactured Home Communities, Inc. its general partner SIGNATURE: By: David W. Fell, Vice President 02/24/04 312/279-14 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daylor British Daylor Pricate 1

**FILED**