

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000054**

1. Entity Name
HOLIDAY VILLAGE, L.P.



FILED

03 MAY 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**4340 EAST WEST HWY. STE. 206
BETHESDA MD 20814**

Mailing Address
**4340 EAST-WEST HIGHWAY, SUITE 206
BETHESDA MD 20814**



2. Principal Place of Business
Two North Riverside Plaza

3. Mailing Address
Two North Riverside Plaza

Suite, Apt. #, etc.
Suite 800

Suite, Apt. #, etc.
Suite 800

DUE BY MAY 1, 2003

City & State
Chicago, Illinois

City & State
Chicago, Illinois

4. FEI Number **52-2135123**

Applied For
☐ Not Applicable

Zip
60606

Country
United States

Zip
60606

Country
United States

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DIVERSIFIED INVESTMENTS SERVICES, LLC.
28488 U.S. HIGHWAY 19 NORTH, SPACE #12
CLEARWATER FL 33761**

Name
LexisNexis Document Solutions, Inc.
Street Address (P.O. Box Number is Not Acceptable)
3953 W.W. Kelley Road
City
Tallahassee FL Zip Code
32311

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 *Teresa Ferrentino* **Teresa Ferrentino, Asst. Sec.** DATE **5-23-03**

9. Capital Contributions as Shown on record. **\$2,350,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **2,350,000.00**

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # **F99000000588**
NAME **DIVERSIFIED INVESTMENTS HV, INC.**
STREET ADDRESS **4340 EAST-WEST HIGHWAY, SUITE-206**
CITY-ST-ZIP **BETHESDA MD 20814**

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DOCUMENT # **10020000001929**
NAME **MHC Holiday Village Two, LLC**
STREET ADDRESS **Two N. Riverside Plaza, Suite 800**
CITY-ST-ZIP **Chicago, IL 60606**

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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 Holiday Village Two, L.L.C., by MHC Operating Limited Partnership, its managing member, by Manufactured Home Communities, its general partner
SIGNATURE: *David Fell* **David Fell, Vice President** DATE **May 21, 2003** (312) 279-140

CR2E003 (10/02)

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STAPLE CHECK HERE