



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000014839	
1. Entity Name COACHWOOD COLONY MHP, LLC	

Principal Place of Business TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606	Mailing Address TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
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DO NOT WRITE IN THIS SPACE

	
03152004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 52-2277345	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000094691
03/23/04-80007-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MHC OPERATING LIMITED PARTNERSHIP TWO NORTH RIVERSIDE PLAZA, SUITE 800 CHICAGO, IL 60606
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: By: David W. Fell, v.p. Date: 03/17/04
David W. Fell, Vice President 312/279-1400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #