

**M.H.P. Group One, L.C. a/k/a Ridgecrest Mobile Home Park.,
Case No. 02-29229-BKC-PGH
United States Bankruptcy Court, Southern District of Florida
Soneet R. Kapila, Chapter 11 Bankruptcy Trustee
Information Package**

Soneet R. Kapila, is the duly qualified and acting trustee in bankruptcy for M.H.P. Group One, L.C. a/k/a Ridgecrest Mobile Home Park, Case No. 02-29229-BKC-PGH
The information contained herein is only intended to provide prospective purchasers of the described property with preliminary information regarding such property. The Trustee makes no representations or warranties regarding the accuracy or completeness of such information and such purchasers are encouraged to perform their own due diligence and investigation. Further inquiries should be directed to the Trustee,
Mr. Soneet R. Kapila via facsimile at 954-761-1033, e-mail at Mmurchison@kapilatruster.com or by phone at 954-761-1011.

Index

1. Cover page
2. Index
3. Fact Sheet
4. Information on operating income and expenses
5. Plat map for park
6. Insurance information
7. Map of Florida

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Property Tax I.D. Number: 1433-130-0004-000/1

Property Type: Mobile Home Park

Location: 2251 North US1, Fort Pierce, Florida 34946

The Subject Property is located on the west side of U.S. Highway 1, approximately one-half mile south of St. Lucie Boulevard in St. Lucie County, Florida

Land Use Plan: The Subject Property carries a land use designation of RM, Residential Medium, by St. Lucie County.

Zoning: RMH-5, Residential Mobile Home, five units per acre, by St. Lucie County.

Property Description: The Subject Property contains a total of 22.14 acres, according to St. Lucie County Public Records.

Building: The Subject mobile home park is improved with 182 concrete pads and 1 single family house (a 1,502-square foot single-family residence). The roadways throughout the park are asphalt paved.

Amenities:

- 3,696-square foot clubhouse
- pool and deck area
- three shuffleboard courts
- 600-square foot laundry building, containing two bathrooms and a utility room and a 64-square foot pump house

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Soneet R. Kapila
Federal Bankruptcy Trustee
Southern District of Florida

Post Office Box 14213 Telephone (954) 761-8707
Fort Lauderdale, Florida 33302 Facsimile (954) 761-1033

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2251 North U.S. Highway 1, Ft. Pierce, St. Lucie County, Florida

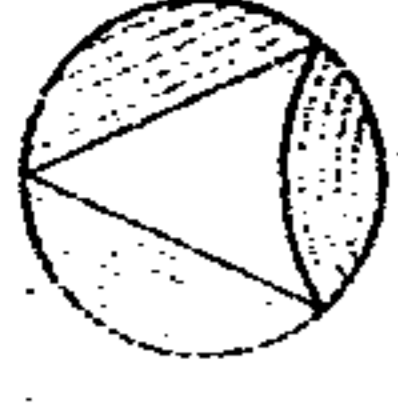
The debtor's operating income is based on 117 pads that have a fixed lot rent of \$335 per month. The total capacity is 182 pads (for which sizes vary) and one single-family house on a total of 22.14 acres. (See Plat map in PDF below)

The tax assessment information is from the St. Lucie County Property Appraisers Office. There are no special assessments for the year 2002.

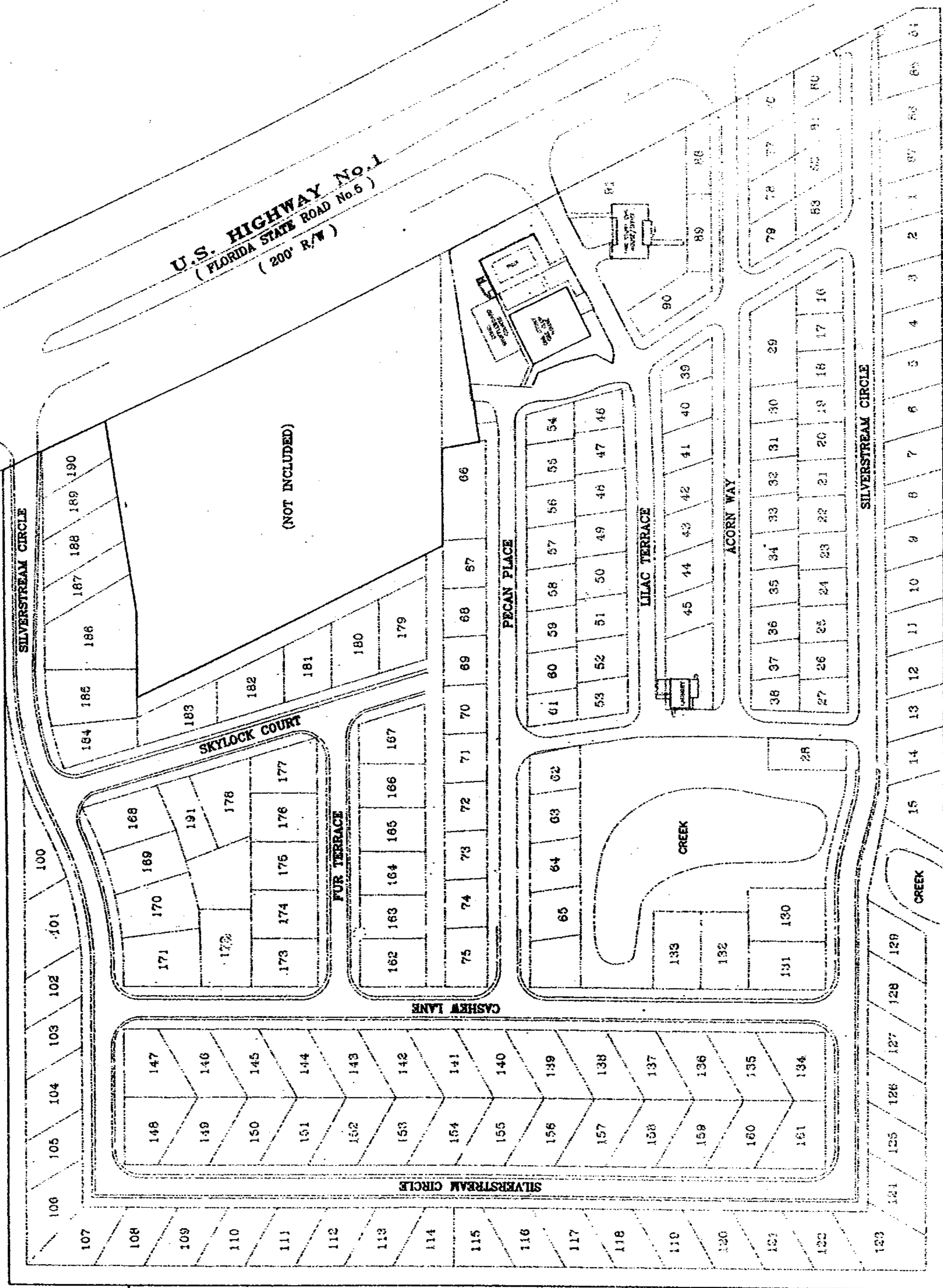
- Assessment for 2002 is \$2,824,900.
- Taxes for 2002 are \$62,639.

The current insurance has an approximate annual premium of \$7,249 (see PDF below)

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**SITE PLAN
RIDGECREST MANUFACTURED
HOME COMMUNITY**



U.S. HIGHWAY No. 1
(FLORIDA STATE ROAD No. 5)
(200' R/W)

(NOT INCLUDED)

PREPARED FOR: **RIDGECREST MANUFACTURED HOME COMMUNITY**

SCALE: 1" = 50'	FIELD BOOK: 122272	DATE: 12/27/76
DRAWN BY: JGA	PAGES: 11	SHEET # OF 11
APPROVED BY: JGA	PLR NO. 54	PLR NO. 117
FILENAME: 1179.C1	BOOK #:	SURV. BY:

COURTESY COPY

SURVEYOR'S SEAL	DATE	REVISIONS

SITE PLAN
JOHN G. ALBRITTON & ASSOCIATES
SURVEYORS & DEVELOPERS, INC., FLA.
124 South Main Street, Suite 201
Tallahassee, Florida 32301
JGA

Carlisle, Fields & Company, Inc.
P.O. Box 7910
Clearwater, FL 33758-7910

(727) 797-0441
(727) 725-3663 fax

January 8, 2003

Number of pages Incl.cover:4

FAX

FROM: Kathy McKinney

TO: GMAC Commercial Mortgage

ATTN: Commercial Insurance Dept.

**Re: Certificate/Evidence of Insurance for: Ridgecrest Mobile
Home Park GMACCM# 991004007**

Fax Phone: 215-328-0128

**Remarks: Please call me if the certificate/evidence is
not correct. Also enclosed is our invoice for the
annual Package Premium.**

Thank you.

Carlisle Fields & Company, Inc
 P.O. Box 7910
 Clearwater, FL 33758-7910
 Phone : 727-797-0441 Fax : 727-725-3663

INVOICE # 72183		Page 1
ACCOUNT NO:	OF:	DATE:
GMACCM1	KT	12/12/02
BALANCE PER:		
01/05/03		

GMAC Commercial Mortgage Corp.
 (COMPLETE NAME IN REMARKS)
 P.O. Box 1687
 Horsham, PA 19044-6687

REF: Ridgcrest Mobile Home Park

Inv #	Due Date	Trn	Type	Loan #	Description	Amount
347275	01/05/03	REN	PCKG	99-1004007	Annual Package Premium	\$ 7,249.00
Invoice Balance:						\$ 7,249.00

PLEASE PRINT YOUR CUSTOMER ID & INVOICE # ON YOUR CHECK FOR
 FASTER PROCESSING! This is your only invoice. Thank You!

ACORD EVIDENCE OF PROPERTY INSURANCE

DATE (MM/DD/YY)

01/09/03

THIS IS EVIDENCE THAT INSURANCE AS IDENTIFIED BELOW HAS BEEN ISSUED, IS IN FORCE, AND CONVEYS ALL THE RIGHTS AND PRIVILEGES AFFORDED UNDER THE POLICY.

PRODUCER Carlisle Fields & Company, Inc P.O. Box 7910 Clearwater FL 33759-7910 Pat A. Carlisle		COMPANY Service Insurance Company P.O. Box 9729 Bradenton FL 34206-9729	
AGENCY CUSTOMER ID# RIDGE-3 INSURED Ridgecrest Mobile Home Park 18656 Ocean Mist Drive Boca Raton FL 33498		LOAN NUMBER 991004007	POLICY NUMBER SMP109863
CODE: SUB CODE:		EFFECTIVE DATE 01/05/03	EXPIRATION DATE 01/05/04
		<input type="checkbox"/> CONTINUED UNTIL TERMINATED IF CHECKED	
THIS REPLACES PRIOR EVIDENCE DATED:			

PROPERTY INFORMATION

LOCATION/DESCRIPTION
 001 Location: 1 Building: 1
 2251 N. US 1
 Ft. Pierce FL 34946

COVERAGE INFORMATION

COVERAGE/PERILS/FORMS	AMOUNT OF INSURANCE	DEDUCTIBLE
Premise 1 Building BUSINESS INCOME 1/12 MO LI	560000	
Premise 001 Building 001 REC HALL BLDG-SPECIAL-RC CONTENTS-SPECIAL-RC *2%W&H INCL THEFT	190000 10000	1000
Premise 001 Building 002 LAUNDRY BLDG-SPECIAL-RC 2% W&H	17000	1000

REMARKS (including Special Conditions)

Premise 001 Building 003
 SWIMMING POOL 2% W&H 53000 1000
 HEATER/PUMPS

CANCELLATION

THE POLICY IS SUBJECT TO THE PREMIUMS, FORMS, AND RULES IN EFFECT FOR EACH POLICY PERIOD. SHOULD THE POLICY BE TERMINATED, THE COMPANY WILL GIVE THE ADDITIONAL INTEREST IDENTIFIED BELOW 30 DAYS WRITTEN NOTICE, AND WILL SEND NOTIFICATION OF ANY CHANGES TO THE POLICY THAT WOULD AFFECT THAT INTEREST, IN ACCORDANCE WITH THE POLICY PROVISIONS OR AS REQUIRED BY LAW.

ADDITIONAL INTEREST

NAME AND ADDRESS

GNAC Commercial Mortgage
 P.O. Box 1687
 650 Drasher Rd.
 Horsham PA 19044-6687

MORTGAGEE
 LOSS PAYEE

LOAN #
 99-1004007

AUTHORIZED REPRESENTATIVE

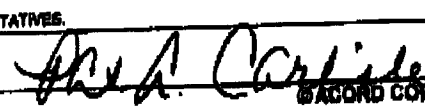
Pat A. Carlisle

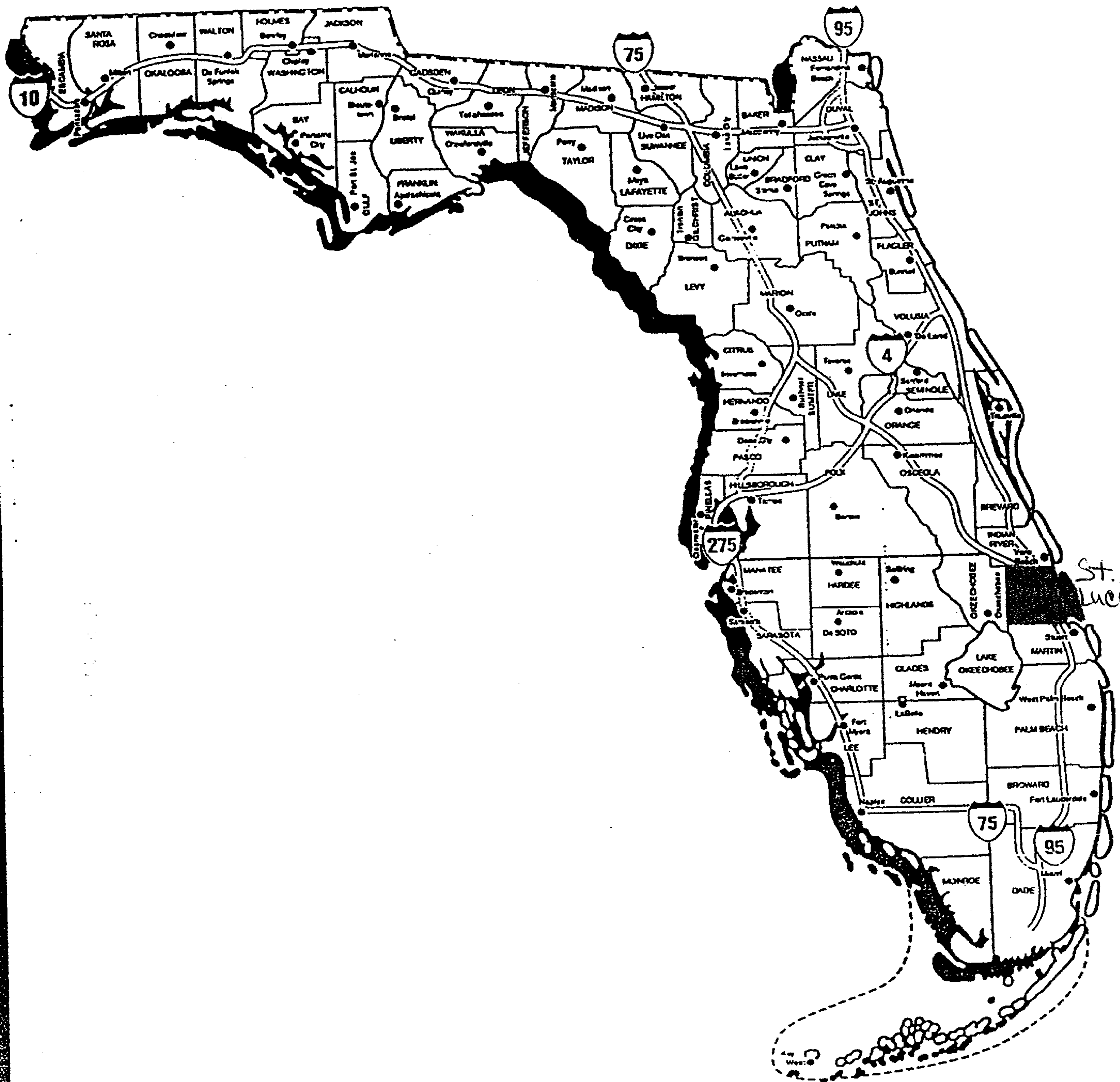
SACORD CORPORATION 1983

ACORD. CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 01/08/03
PRODUCER Carlisle Fields & Company, Inc P.O. Box 7910 Clearwater FL 33758-7910 Phone: 727-797-0441 Fax: 727-725-3663		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Ridgecrest Mobile Home Park 1886 Ocean Mist Drive Boca Raton FL 33498		
		INSURERS AFFORDING COVERAGE
		INSURER A: Service Insurance Company
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES						
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Owner/Cont Prot. <input checked="" type="checkbox"/> Products/Comp Op GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO <input type="checkbox"/> LOC	EMP109863	01/05/03	01/05/04	EACH OCCURRENCE	\$1,000,000	
				FIRE DAMAGE (Any one fire)	\$1,000,000	
				MED EXP (Any one person)	\$ 5,000	
				PERSONAL & ADV INJURY	\$1,000,000	
				GENERAL AGGREGATE	\$3,000,000	
				PRODUCTS - COMPROP AGG	\$3,000,000	
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	SMP109863	01/05/03	01/05/04	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	
				BODILY INJURY (Per person)	\$	
				BODILY INJURY (Per resident)	\$	
				PROPERTY DAMAGE (Per accident)	\$	
				AUTO ONLY - EA ACCIDENT	\$	
				OTHER THAN AUTO ONLY: EA ACC	\$	
				OTHER THAN AUTO ONLY: AGG	\$	
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$	
				AGGREGATE	\$	
					\$	
					\$	
					\$	
				WC STATU-TORY LIMITS		
				UTIF-ER		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT	\$	
				E.L. DISEASE - EA EMPLOYEE	\$	
				E.L. DISEASE - POLICY LIMIT	\$	
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 RE: GMACCM# 991004007

CERTIFICATE HOLDER	<input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
GMACCM1 GMAC Commercial Mortgage P.O. Box 1687 Horsham PA 19044-6687		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  SACORD CORPORATION 1989



Area Map