FORM 4

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

## STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

l	OMB APPRO	VAL							
	OMB Number:	3235-0287							
l	Estimated average burden								
l	hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

1. Name and Address of Reporting Person*  MAYNARD ROGER						2. Issuer Name <b>and</b> Ticker or Trading Symbol  EQUITY LIFESTYLE PROPERTIES INC  [ ELS ]									5. Relationship of Reporting Person(s) to Issuer (Check all applicable)  Director 10% Owner  Officer (give title Other (specify					
(Last) 14578 RI	ast) (First) (Middle) 4578 RIVER BEACH DRIVE, #511					3. Date of Earliest Transaction (Month/Day/Year) 12/01/2005										X Officer (give title below)  Chief Operating Officer				
(Street) PORT CHARLOTTE FL 33953  (City) (State) (Zip)					4. If	4. If Amendment, Date of Original Filed (Month/Day/Year)									6. Individual or Joint/Group Filing (Check Applicable Line)  X Form filed by One Reporting Person Form filed by More than One Reporting Person					
Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned																				
1. Title of Security (Instr. 3)  2. Transac Date (Month/Date)						Execution Date,		Transaction Code (Instr. 5		4. Securities Acquired (A) Disposed Of (D) (Instr. 3, 5)				nd Se Be Ov	. Amount of ecurities eneficially wned Following		Ownership orm: Direct or Indirect (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
								Code	v	Amount	(A) or (D) Pri		Price	Tra	Transaction(s) (Instr. 3 and 4)			(111511.4)		
Common Stock, par value \$.01 12/01/						/2005			J <sup>(1)</sup>		8,894	1	A	\$	0	32,894		D		
Common Stock, par value \$.01 12/01/.						2005		J <sup>(1)</sup>		8,894	1	D	\$0		0		I	*(2)		
Common	mon Stock, par value \$.01													527.89		I	by 401K Plan			
		Ta	able II - D (								sed of, onvertib				y Own	ed				
1. Title of Derivative Security (Instr. 3)	ive Conversion or Exercise (Month/Day/Year) Price of Derivative Security    Date (Month/Day/Year)   Execution Date, if any (Month/Day/Year)		4. Transa Code ( 8)			rative rities iired r osed ) c. 3, 4	6. Date Exercisable and Expiration Date (Month/Day/Year)  Date Exercisable Expiration Date			7. Title and Amount of Securities Underlying Derivative Security (Instr. and 4)  Amoun or Numbe of Title Shares		ount nber	8. Price Derivati Security (Instr. 5	derivative Securities	у	10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)			

## **Explanation of Responses:**

- 1. Shares reported herein are transferred from Supplemental Employees Retirement Plan (indirect to direct position).
- 2. Shares reported herein are beneficially owned by The Security Trust Company as Trustee of the Manufactured Home Communities, Inc. Supplemental Employees Retirement Plan for the benefit of the Reporting Person.

By: Terry Termini, by Power of Atty. For: Roger A. Maynard 12/01/2005

\*\* Signature of Reporting Person

Date

 $Reminder: Report \ on \ a \ separate \ line \ for \ each \ class \ of \ securities \ beneficially \ owned \ directly \ or \ indirectly.$ 

- $^{\star}$  If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.