

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A30565
 1. Entity Name
ALPHA & CO., LTD.

Principal Place of Business: **241 E. SAGINAW, SUITE 500 EAST LANSING MI 48823**
 Mailing Address: **241 E. SAGINAW, SUITE 500 EAST LANSING MI 48823-2753**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
PO Box 4010
 Suite, Apt. #, etc.

City & State: **East Lansing MI**
 Zip: **48826** Country

4. FEI Number: **38-2926468**
 Applied For Not Applicable

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

FILED
00 FEB -7 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$8,000.00**
 10. Amount of Capital Contributions in FLORIDA to date.
 11. **MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY - ST - ZIP	P38927 MICHIGAN LAKESHORE CO. 241 E. SAGINAW, #500 EAST LANSING MI	STREET ADDRESS CITY - ST - ZIP	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	P38928 LAKESHORE LAND COMPANY 241 E. SAGINAW, #500 EAST LANSING MI	STREET ADDRESS CITY - ST - ZIP	400003128324--1 02/08/00 01126-021 ****150.00 ****150.00
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Amy A. Racumarczyk* **REQUIRED** **1-20-00** **(577) 336-7619**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Amy A. Racumarczyk - SECRETARY OF LAKESHORE LANDS