


2001 UNIFORM BUSINESS REPORT (UBR)

0018883 AB

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

FILED
 01 APR -2 AM 11:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA


Principal Place of Business Mailing Address
241 E. SAGINAW, SUITE 500 **P.O. BOX 4010**
EAST LANSING MI 48823 **EAST LANSING MI 48826**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
38-2926468 Not Applicable

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

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. 0

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	
DOCUMENT #	P38927
NAME	MICHIGAN LAKESHORE CO.
STREET ADDRESS	241 E. SAGINAW, #500
CITY-ST-ZIP	EAST LANSING MI
DOCUMENT #	P38928
NAME	LAKESHORE LAND COMPANY
STREET ADDRESS	241 E. SAGINAW, #500
CITY-ST-ZIP	EAST LANSING MI
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300003925489 9
CITY-ST-ZIP	-04/11/01--01002--001
STREET ADDRESS	***141.25 ***141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: *Amy A. Kaczmarczyk* **Amy A. Kaczmarczyk** 3-10-01 (517) 336-7617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

Treasurer of Lakeshore Land, General Partner

CR2E003 (11/00)