

2002 UNIFORM BUSINESS REPORT (UBR)

0017981 AT

DOCUMENT # A30565

1. Entity Name
ALPHA & CO., LTD.

FILED

2002 FEB 26 AM 10:33

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business 241 E. SAGINAW, SUITE 500 EAST LANSING MI 48823	Mailing Address P.O. BOX 4010 EAST LANSING MI 48826
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

DUE BY MAY 1, 2002

4. FEI Number **38-2926468** Applied For 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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	48823
STREET ADDRESS	000005044020--5
CITY-ST-ZIP	-03/05/02--01054--010 ****144.75 *48823.75
STREET ADDRESS	
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* **2-13-02 (517) 336-7617**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)