

2001 UNIFORM BUSINESS REPORT (UBR)

0018883 AB

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

FILED
mf

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

01 APR -2 AM 11:41

SECRETARY OF STATE
 TALLAHASSEE FLORIDA


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

DO NOT WRITE IN THIS SPACE

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 | |
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CR2E003 (11/00)

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