

# 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**

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

3. Mailing Address: Suite, Apt. #, etc.

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>48823</b>
STREET ADDRESS	<b>000005044020--5</b>
CITY-ST-ZIP	<b>-03/05/02--01054--010</b> <b>****144.75 *48823.75</b>
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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. Kaczmarek* **2-13-02 (517) 336-7617**

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

CR2E003 (9/01)