

A 30565

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

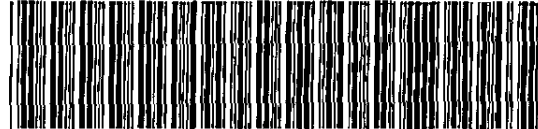
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000059104190

09/07/05--01028--013 \*\*52.50

LR  
09/16/05

STATE  
TALLAHASSEE, FLORIDA

05 SEP -7 PM 1:17

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Alpha & Co., Ltd.  
(Name of Limited Partnership)

FLORIDA REGISTRATION NUMBER: A30565

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy A. Kaczmarczyk  
(Name of Person)

United Management, Inc.  
(Firm/Company)

P.O. Box 4010  
(Address)

East Lansing, MI 48826-4010  
(City/State and Zip Code)

FILED  
05 SEP -7 PM 1:17  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Amy Kaczmarczyk at ( 517 ) 336-7617  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$52.50 Filing Fee | <input type="checkbox"/> \$61.25 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$105.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$113.75 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|---|---|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**CERTIFICATE OF AMENDMENT  
TO  
APPLICATION FOR REGISTRATION  
OF**

Alpha & Co., Ltd.

(Insert name currently on file with Florida Dept. of State)

Pursuant to the provisions of section 620.173, Florida Statutes, this foreign limited partnership hereby submits this Certificate of Amendment to its registration application:

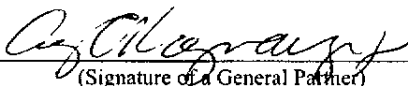
The registration application is amended as follows:

1. The name of the limited partnership as it is in the home state is: Equivest Limited Partnership.

9. Name of general partner: Five Square Management, Inc.

*F 05-5355*

Michigan Lakeshore Land and Lakeshore Land Company assigned their entire general partnership interest to Five Square Management, Inc. effective April 21, 2005.

  
(Signature of a General Partner)

Amy A. Kaczmarczyk - Treasurer of Five Square Mgt Inc.

(Typed or printed name of General Partner signing above)

STATE OF Michigan

COUNTY OF Ingham

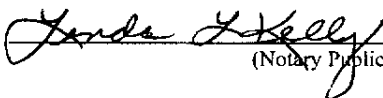
On this 24<sup>th</sup> day of August, 2005, Amy A. Kaczmarczyk personally appeared before me,



who is personally known to me



whose identity I proved on the basis of \_\_\_\_\_

  
(Notary Public Signature)

Linda L. Kelly

(Notary's Printed Name)

Seal

My Commission Expires:

**LINDA L. KELLY**  
Notary Public, Clinton County, MI  
Acting in Ingham County, Michigan  
My Comm. Expires May 12, 2007

STATE OF FLORIDA  
TALLAHASSEE

05 SEP -7 PM 1:17

FILED