

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>			FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> SECRETARY OF STATE DIVISION OF CORPORATIONS  97 OCT -3 AM 11:08	
1. Name of Limited Partnership  <b>BETA INVESTMENTS LIMITED PARTNERSHIP</b>			1a. DOCUMENT # <b>B94000000182</b>			
Mailing Address  P.O. BOX 4010 EAST LANSING MI 48826		Principal Office Address  P.O. BOX 4010 EAST LANSING MI 48826		3. Date Formed or Registered  05/24/1994	5a. Capital Contributions as Shown on record  \$137,248.00	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country		3a. Date of Last Report  12/17/1996	5b. Amount of Capital Contributions in FLORIDA to date:  95,294 <sup>00</sup>	
				4. State or Country of Formation  MI		
				6. FEI Number  38-2812929	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired  <input type="checkbox"/>	\$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)						

9. Name and Address of Current Registered Agent  <b>ANDREWS, ROBERT 5032 BRANDYWINE WAY STUART FL 34997</b>		10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)  <b>LAKE SHORE LAND COMPANY</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  <b>241 EAST SAGINAW, SUI</b>	11b. City, State & Zip Code  <b>EAST LANSING MI 48823</b>	11c. Registration/ Document Number  <b>P38928</b>
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**KWM**

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

9/25/97

Typed or Printed Name of General Partner Signing Form

*Kenneth J. Foote, President of Lakeshore Land Co*

Daytime Telephone Number

517-336-7444

CR2E003 (6/97)