FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT#

FILED MO/2 3

-SECRETARY DE STA

	B9400000182			IALLAHÄSSEE FLORIDA			
BETA INVESTMENTS LIMITED	PARTNERSHIP						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capi	tal Contributions as wn on record.	
P.O. BOX 4010 EAST LANSING MI 48826	- P.O. BOX 4010 - EAST-LANSING-MI 48826			05/24/1994 3a. Date of Last Report 10/03/1997	\$137,248-00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address 241 E. Saginau	· · · · · ·		4. State or Country of Formation	to da	, 800	
Suite, Apt. #, etc. City & State	Suite Apt. #, etc. Suite 500 City & State			6. FEI Number 38-2812929		Applied For Not Applicable	
Zip Country	East Lansing 21p 48823	m) Country USA		7. Certificate of Status Desired 8. Make check payable to: Dept. of S	State (See reve	\$8.75 Additional Fee Required erse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
		Name					
ANDREWS, ROBERT 5032 BRANDYWINE WAY		Street Address (P.O. Box Number is Not Acceptable)					
STUART FL 34997		Suite, Apt. #, etc.					
i e		City			EI	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 am for the purpose of changing its registered office or ragent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Flori	ed limited partne ida. Such chans	ership organi ge was autho	zed or registered under the laws of the rized by its general partner(s). I hereby DATE_	State of Floric accept the ar	da, submits this statement oppointment of registered	
A GENERAL PARTNER THAT MUS	<u>T BE REGISTERED AN</u>	D ACTIV	PART /E WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	i Pariner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
LAKESHORE LAND COMPANY	241 EAST SAGINAW, SU	1		F LANSING MI 48823	P38928 F 734508 2 78801062013		
				000021 -10/27; ****5/	673, 7880 26.25		
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 the Corporations from any liability of non-compliance with this angual report is true and accurate and that my sign empowered to execute this report as required by choose.	Section 119.07(3)(k) in the event that the inf	ormation suppli	ed is deeme	d exempt from public access, I further o	ertify that the	information indicated on	

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), Flor	ida 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 for	urther certify that the information indicated on
this angual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partn	er of the limited partnership, receiver or truste
empowered to execute this recort as required by chapter 620, Frenda Statutes.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	_
SIGNATURE DATE	10-6-98
TEL Vice And to	5/7 22/ 7/1/1/
Typed or Printed Name of General Partner Signing Form Kenneth J. 1001e Vice President of Daytime Telephone Number	J 1 / ~ 226~ 1999