1. Entity Nam		# A0000	1000177			a	
REGAL SUS SCROFA ENTERPRISES, LTD.						FILED A	
Principal Place of Business			Mailing Addre	ess		01 MAR +5 PM 1:07 U	
408 14TH STREET S.W. RUSKIN FL 33570			408 14TH STREET S.W. RUSKIN FL 33570			SECRETARY OF STATE TALLAHASSEE, FLORIDA	l
2. Principal Place of Business			3. Mailing Address				j
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State			City & State			4. FEI Number Applied For S9-3685009 Not Applied For	-
Zip Country		Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name	and Address of Current	Registered Agen	ıt .	Name	7. Name and Address of New Registered Agent	=
DAVED D	OPERT C						
BAKER, ROBERT G 408 14TH STREET S.W.					Street Addres	ss (P.O. Box Number is Not Acceptable)	
RUSKIN FL 33570							
					City	FL Zip Code	
8. The above	named entit	y submits this statement fo	or the purpose of c	hanging its registe	ered office or regis	istered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Registe	ered Agent signature requ	auired when reinstating) DATE	
9 Capital Contributions 10. Amount of Capital (11. MAKE CHECK PAYABLE TO DEPT. OF STATE	一
as Shown		\$2,000,000.00		ORIDA to date.	MUST BE REGI	SEE REVERSE SIDE FOR FEE INFORMATION SISTERED AND ACTIVE WITH THIS OFFICE.	\dashv
NOTE: General Partners MAY NOT be changed on the					m; an amendm	nent must be filed to change a general partner.	
12.	GENERAL PARTNER INFORMATION				3.	ADDRESS CHANGES ONLY	-
NAME	P00000108542 R & B BAKER, INC. S 408 14TH STREET S.W. RUSKIN FL 33570			ST	FREET ADDRESS		_
STREET ADDRESS CITY-ST-ZIP				CI	TY-ST-ZIP		_
DOCUMENT # NAME				SI	FREET ADDRESS	• · · · · · · · · · · · · · · · · · · ·	_
STREET ADORESS CITY-ST-ZIP				CI	TY-ST-ZIP		
DOCUMENT # NAME	<u>.</u>			÷ sı	TREET ADDRESS		_
STREET ADDRESS CITY-ST-ZIP				CI	TY-ST-ZIP	9000038198991 -03/03/0101020007 ****\$25.25 *****525.25	
DOCUMENT #				SI	TREET ADDRESS	****526.25 *****526.25	
STREET ADDRESS CITY-ST-ZIP				CI	TY-ST-ZIP		_
DOCUMENT # NAME				Sī	TREET ADDRESS		_
STREET ADDRESS CITY-ST-ZIP				· CI	TY-ST-ZIP		_
DOCUMENT # NAME		•		SI	TREET ADDRESS		_
STREET ADDRESS CITY-ST-ZIP					TY-ST-ZIP		
14. I hereby of indicated the receive	certify that th I on this repo ver or trustee	e information supplied wit rt is true and accurate and empowered to execute th	h this filing does no I that my signature ils report as require	ot qualify for the ex shall have the sared by Chapter 620	xemption stated in me legal effect as i), Florida Statutes	n Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership	or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-28-01

813-641-1278

Daytime Phone #