

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000001445

1. Entity Name
ODYSSEY INVESTMENTS, LTD.



Principal Place of Business
1900 COLONEL SANDERS LANE
LOUISVILLE KY 40213

Mailing Address
C/O TERICON GLOBAL
P.O. BOX 35910
LOUISVILLE KY 40232

FILED

03 APR 22 AM 8:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

BJH



2. Principal Place of Business

17901 Von Karman
Suite, Apt. #, etc.

3. Mailing Address

C/O Yum! Brands, Inc.
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Irvine, CA

City & State
Louisville, KY

4. FEI Number 33-0592403

Applied For
Not Applicable

Zip
92714

Country
USA

Zip
40232

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. \$56,304,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # P93000023404
NAME TENGA TACO, INC.
STREET ADDRESS 17901 VON KARMAN
CITY-ST-ZIP IRVINE CA 92714-6212

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500016675475
04/22/03--01071--005 **526.25

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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:

SIGNATURE REQUIRED JEFF STEARMAN

(502)814-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0019713 MB

STAPLE CHECK HERE