


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 31, 2007 8:00 am
Secretary of State

08-31-2007 90002 043 ***150.00

DOCUMENT # F05000005819

1. Entity Name
RESTAURANT ACQUISITION PARTNERS, INC.



Principal Place of Business 5950 HAZELTINE NATIONAL DRIVE, STE 290 ORLANDO, FL 32822	Mailing Address 5950 HAZELTINE NATIONAL DRIVE, STE 290 ORLANDO, FL 32822
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



07312007 Chg-P CR2E034 (12/06)

4. FEI Number 02-0753484	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

Name **Registered Agents Legal Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable)
155 Office Plaza Drive, Suite A

City **Tallahassee** FL Zip Code **32301**

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 *Michael W. Ashley* **MICHAEL W. ASHLEY** 8/1/2007

Signature (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when constituting) DATE

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CP THOMAS, CHRISTOPHER R 5950 HAZELTINE NATIONAL DRIVE, STE 290 ORLANDO, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CULP, CLYDE E III 5950 HAZELTINE NATIONAL DRIVE, STE 290 ORLANDO, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CREED, JOHN M 5950 HAZELTINE NATIONAL DRIVE, STE 290 ORLANDO, FL 32822 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D & T/CFO Thomas, Christopher R. 5950 Hazeltine National Drive, Suite 290 Orlando, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Fleischman, William O. 5950 Hazeltine National Drive, Suite 290 Orlando, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP & S Creed, John M. 5950 Hazeltine National Drive, Ste. 290 Orlando, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Christopher R. Thomas* **CHRISTOPHER R. THOMAS** Aug. 22, 2007 **(407) 2404-9190**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #