File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILING FEE   Annual Report \$100.00 + \$88.75   Make Check Payable To: FLORIDA DEPARTMENT OF STATE    1. Name and Mailing Address   DOCUMENT # M95000000043    RKPJ, LLC, L.C.   11.492 BLUEGRASS PKWY.   SUITE 175   LOUISVILLE KY 40299    2. Principal Place of Business   2a. Mailing Address   3. Date Organized or Qualified   3a. State of Formation    Suite, Apt. #, etc.   Suite, Apt. #, etc.   4. FEI Number   Applied For    City & State   City & State   City & State   61-1275589   Mort Applied For    City & State   Country   Country   DA/18/1997    7. Name and Address of Current Registered Agent   8. Name and Address of New Registered Agent/Office    CT CORPORATION SYSTEM   Siret   Address (P.O. Box Number is Not Acceptable)    PLANTATION FL 33324   Siret   Siret Address (P.O. Box Number is Not Acceptable)    Suite, Apt. #, etc.   City   Cit	ANNUAL REPORT  1998  FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS						SECRETARY OF STATE DIVISION OF CORPORATIONS  98 MAR - 9 PM 12: 33		
Note and Maling Address of Limited Labelity Company RKPJ, LLC, L.C. 11492 BLUEGRASS PKWY. SUITE 175 LOUISVILLE KY 40299  2 Principal Place of Business Address 11492 BLUEGRASS PKWY. SUITE 175 LOUISVILLE KY 40299  2 Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation  O2/10/1995 KY 4. FEI Number  Applied For City & State Country T. Name and Address of Current Registered Agent Rome  To CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324  Silved Address of Sections 608 416 and 508 508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Forda. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered page, and accept the Obligations.  SIGNATURE  (Inguited Agent Acceptes/Processory) (POT Engagered Agent Agent Address Street Address City. State and Zip Code  MGRM PAPA JOHN'S USA, INC. 11492 BLUEGRASS PKWY., STE LOUISVILLE KY  MGRM R.O.M. MANAGEMENT, INC 4702 INISHEER CT.  CIUDIDIC 45 EC 22 - 7 -03/13/38-01070-0003	FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE							100 D L	1112-33
RRPJ, LLC, L.C.  11492 BLUEGRASS PKWY.  SUITE 175 LOUISVILLE KY 40299  2 Principal Place of Business  2a. Mailing Address  3. Date Organized or Qualified 3a. State of Formation  02/10/1995  KY  4. FET Number  Applied For  City & State  City Fig.  City State and City State and City Status of Florida. Status city the above named limited liability company submits this statement for the purpose of changing its registered agent, and accept the obligations.  SIGNATURE City State and City State and City State of Florida. Status city of the remainder of the remainder of the company submits this statement for the purpose of changing its registered agent, and accept the obligations.  SIGNATURE City State and Zip Code  MGRM PAPA JOHN'S USA, INC. 11492 BLUEGRASS PKWY., STE LOUISVILLE KY  MGRM R.O.M. MANAGEMENT, INC 4702 INISHEER CT.  City Table Address City, State and Zip Code  City Table Address City, State and Zip Code							L		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.	11492 BLUEGRASS PKWY. SUITE 175						11492 BLUEGRASS PKWY. SUITE 175		
City & State  Country  Coun	2. Principal Place of Business 2a. Mail			ng Address			3. Date Organize	ed or Qualified	3a. State of Formation
City & State  City & State  City & State  City & State  Country  C	Suite, Apt. #, etc.	Suite, Apt.	Suite, Apt. #, etc.			02/10/1 4. FEI Number	.995		
7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent Value of Name  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD.  PLANTATION FL 33324  Site Address (P.O. Box Number is Not Acceptable)  Site Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  FL  Zip Code  FL  Site Address (P.O. Box Number is Not Acceptable)  PAPA JOHN'S USA, INC.  11492 BLUEGRASS PKWY., STE LOUISVILLE KY  MGRM R.O.M. MANAGEMENT, INC 4702 INISHEER CT.  CINISHEER CT.  Address (P.O. Box Number is Not Acceptable)  Sold Address (P.O. Box Number is Not Acceptable)  Sold Address (P.O. Box Number is Not Acceptable)  DATE  City The Date of Code  City  Table Address (P.O. Box Number is Not Acceptable)  Signature required when rehitating in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  Signature  [Registered Agent Accepting Appointment] (NOTE Registered Agent Egnature required when rehitating)  DATE  [Registered Agent Accepting Appointment] (NOTE Registered Agent Egnature required when rehitating)  DATE  [Registered Agent Accepting Appointment] (NOTE Registered Agent Egnature required when rehitating)  DATE  [Registered Agent Accepting Appointment] (NOTE Registered Agent Egnature required when rehitating)  DATE  [Registered Agent Accepting Appointment] (NOTE Registered Agent Egnature required when rehitating)  DATE  [Registered Agent Agent Accepting Appointment] (NOTE Registered Agent Egnature required when rehitating)  DATE  [Registered Agent Agent Agent Egnature required when rehitating]  DATE  [Registered Agent Agent Egnature required when rehitating]  DATE  [Registered Agent Egnature required when rehitating]	City & State	City & State	City & State			61-1275589 Not Applicable			
7. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent/Office  Name  C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND RD.  PLANTATION FL 33324  Suite, Apt. #, etc.  City  FL  Zip Code  City  FL  Zip Code  City  FL  Suite, Apt. #, etc.  City  FL  Suite, Apt. #, etc.  City  FL  Agent and accept the provisions of Sections 608.416 and 608.508. Florids Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  [Registered Agent Accepting Appointment] (NOTE Registered Agent Signature required when reinsularing)  10. Title  Managing Members/Managers  Business Street Address  City, State and Zip Code  MGRM PAPA JOHN'S USA, INC.  11492 BLUEGRASS PKWY., STE LOUISVILLE KY  MGRM R.O.M. MANAGEMENT, INC 4702 INISHEER CT.  TALLAHASSEE FL  201002456632-7  -03/13/38010700038	Zip	Country	Zip		Country	,		•	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324  Suite, Apt. #, etc.  City  FL  Zip Code  City  FL  Zip Code  City  FL  And and 608.508, Florida Statules, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.  SIGNATURE  (Regelered Agent Accepting Appointment) (NOTE Regelered Agent Age	7. Na	me and Address of Current	Registered A	gent		8. N			tered Agent/Office
SIGNATURE  [Ringsstered Agent Accepting Appointment] (NOTE Registered Agent signature required when reinstating)  10. Title   Managing Members/Managers   Business Street Address   City, State and Zip Code  MGRM PAPA JOHN'S USA, INC.   11492 BLUEGRASS PKWY., STE LOUISVILLE KY  MGRM R.O.M. MANAGEMENT, INC 4702 INISHEER CT.   TALLAHASSEE FL  200002456632-7 -03/13/3801070008	9. Pursuant to the proits registered office or	and 608.508, F	City Florida Statutes, the above-named limited			Zip Code  FL  liability company submits this statement for the purpose of changing			
MGRM PAPA JOHN'S USA, INC. 11492 BLUEGRASS PKWY., STE LOUISVILLE KY MGRM R.O.M. MANAGEMENT, INC 4702 INISHEER CT. TALLAHASSEE FL  20002456682-7 -03/13/3801870008	SIGNATURE DATE								
MGRM R.O.M. MANAGEMENT, INC 4702 INISHEER CT. TALLAHASSEE FL 20002456692-7 -03/13/3801070008	10. Title				<u></u>	City, State and Zip Code			
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	,						<u></u>		

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or flustee empowered to execute this report as resulted by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: By: Papa John's USA, INC. (502)266-5200

SIGNATING THE OF SIGNING MANAGING MEMBER OR MANAGER

Daytime Phone #