

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M95000000043**

1. Entity Name
RKPJ, LLC, L.C.

Principal Place of Business
**11492 BLUEGRASS PKWY.
SUITE 175
LOUISVILLE KY 40299**

Mailing Address
**11492 BLUEGRASS PKWY.
SUITE 175
LOUISVILLE KY 40299-2348**



2. Principal Place of Business
2002 Papa John's Blvd.

3. Mailing Address
2002 Papa John's Blvd.

City & State
Louisville KY

City & State
Louisville KY

MNM

DO NOT WRITE IN THIS SPACE

Zip
40299-2367

Country
USA

Zip
40299-2367

Country
USA

4. FEI Number
61-1275589

Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME Delete
MGRM PAPA JOHN'S USA, INC.
STREET ADDRESS **11492 BLUEGRASS PKWY., STE. 175**
CITY - ST - ZIP **LOUISVILLE KY 40299**

TITLE NAME Change Addition
MGRM Papa John's USA, Inc.
STREET ADDRESS **2002 Papa John's Blvd.**
CITY - ST - ZIP **Louisville KY 40299-2367**

TITLE NAME Delete
MGRM R.O.M. MANAGEMENT, INC.
STREET ADDRESS **4702 INISHEER CT.**
CITY - ST - ZIP **TALLAHASSEE FL 32308**

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition
300003224163--7
-04/26/00--01015--023
*******50.00 *****50.00**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **SIGNATURE REQUIRED**

4-5-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)