

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90069 023 \*\*\*\*55.00

**DOCUMENT # M01000001221**

1. Entity Name  
**FRANKLIN TEMPLETON INVESTOR SERVICES, LLC**



Principal Place of Business  
**ONE FRANKLIN PKWY.  
SAN MATEO, CA 94403-1906**

Mailing Address  
**ONE FRANKLIN PKWY.  
LEGAL SM 920/4  
SAN MATEO, CA 94403-1906**

**44016278**

2. Principal Place of Business

3. Mailing Address  
**ONE FRANKLIN PARKWAY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**LEGAL SM 920/2**

02132004 Chg-LLC CR2E083 (10/03)

City & State

City & State  
**SAN MATEO, CA**

4. FEI Number  
**94-3384566**

Applied For  
Not Applicable

Zip

Country

Zip

**94403-1906**

Country  
**USA**

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

**SEIDMAN, LAURA T  
500 E. BROWARD BLVD., STE. 2100  
FT LAUDERDALE, FL 33394-3091**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
TEMPLETON WORLDWIDE, INC  
500 E. BROWARD BLVD. SUITE 2100  
FT. LAUDERDALE, FL 333943091** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:** *Barbara J. Green*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**BARBARA J. GREEN, SENIOR VICE PRESIDENT  
AND SECRETARY OF TEMPLETON WORLDWIDE, INC.**

**02/17/04**  
Date

**650-312-2000**  
Daytime Phone #