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

2004 LIMITED	LIABILITY COMPANY
ÁNN	UAL REPORT

DOCUMENT # M0100001219  1. Entity Name FRANKLIN TEMPLETON SERVICES, LLC						03-04-2004	90069 (	)24 ****5	55.00	
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				8878   1181   681   881   681	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
2. Principal Place of Business		Mailing Address     ONE FRANKLIN PARKWAY								
Suite, Apt. #, etc.		Suite, Apt. #, etc. LEGAL SM 920/2			02132004	Chg-LLC	CR2E0	83 (10/03)		
City & State		City & State SAN MATEO, CA			4. FEI Numb 94-338			<del></del>	plied For t Applicable	
Zip 		Country	<sup>Zip</sup> 94403-1906	Coun USA	•	1	of Status Desired		\$5.00 Add Fee Required	
Name and Address of Current Registered Agent					Name	7. Name and	d Address of New Re	gistered A	Agent	
SEIDMAN, LAURA R 500 E. BROWARD BLVD., STE. 2100 FT LAUDERDALE, FL 33394-3091				Street Address (P.O. Box Number is Not Acceptable)						
. e					City	·		FL	Zip Code	3
8. The above the obligati	named entit ions of regis	y submits this statement for tered agent.	the purpose of changing its	register	ed office or register	ed agent, or bo	oth, in the State of Flor	ida. I am (	familiar with,	and accept
SIGNATURE .	Signature, typed	or printed name of registered agent an	nd title if applicable. (NOTE	: Registere	d Agent signature required	when reinstating)	• • • • • • • • • • • • • • • • • • • •	DATE		
Filing Fee Is \$50.00 Due by May 1, 2004									ayable to ent of State	
9.	HORM	MANAGING MEMBER		10.			ADDITIONS/C	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP								☐ Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST- ZIP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Delete						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	9	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	CITY	E ET ADDRESS -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, SENIOR VICE PRESIDENT AND SECRETARY OF TEMPLETON WORLDWIDE, INC. 02/17/04 650-312-2000  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Date  Date  Date  Description Phone #										