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Secretary of State

05-02-2005 90083 047 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M01000001218

1. Entity Name
TEMPLETON INVESTMENT COUNSEL, LLC

Principal Place of Business	Mailing Address
500 E. BROWARD BLVD., STE. 2100 FT LAUDERDALE, FL 33394-3091	500 E. BROWARD BLVD., STE. 2100 ATTN: LEGAL DEPT. FT LAUDERDALE, FL 33394-3091

2. Principal Place of Business		3. Mailing Address	
500 E. Broward Blvd.		One Franklin Parkway	
Suite, Apt. #, etc.: Suite 2100		Suite, Apt. #, etc.: Legal SM 920/2	
City & State: Fort Lauderdale, FL		City & State: San Mateo, CA	
Zip: 33391-3091	Country:	Zip: 94403-1906	Country:

04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number: 94-3385113 ☐ 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
SEIDMAN, LAURA R 500 E. BROWARD BLVD. FT. LAUDERDALE, FL 33394-3091	Name: Laura R. Seidman Street Address (P.O. Box Number is Not Acceptable): 500 E. Broward Blvd., Suite 2100 City: Fort Lauderdale FL Zip Code: 33391-3091

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, 2005

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., STE. 2100 FT. LAUDERDALE, FL 333943091	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Templeton Worldwide, Inc. 500 E. Broward Blvd., Suite 2100 Fort Lauderdale, FL 33394-3091	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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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TITLE 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: Templeton Worldwide, Inc., Barbara J. Green, Senior Vice President & Secretary — April 21, 2005 — 650-312-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #