

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90083 048 \*\*\*\*50.00

**DOCUMENT # M01000001219**  
 1. Entity Name  
**FRANKLIN TEMPLETON SERVICES, LLC**



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

Mailing Address  
**ONE FRANKLIN PKWY.  
 LEGAL SM 920/2  
 SAN MATEO, CA 94403-1906**

2. Principal Place of Business  
**One Franklin Parkway**

3. Mailing Address  
**One Franklin Parkway**

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

City & State  
**San Mateo, CA**

City & State  
**San Mateo, CA**

Zip  
**94403-1906**

Country

Zip  
**94403-1906**

Country

40072003



04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**94-3384969**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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  
**33394--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 \_\_\_\_\_ (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**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEMPLETON WORLDWIDE, INC. 500 EAST BROWARD BLVD, SUITE 2100 FORT LAUDERDALE, FL 33394	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGMR Templeton Worldwide, Inc. 500 E. Broward Blvd., Suite 2100 Fort Lauderdale, FL 33394-3091	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

April 21, 2005  
 Date

650-312-2000  
 Daytime Phone #