
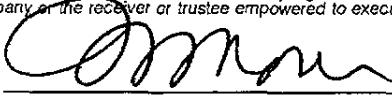


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000023399 1. Entity Name FRANKLIN ASSESSMENTS, L.L.C.		
Principal Place of Business P.O. BOX 999 2 POND'S EDGE DR. CHADDS FORD, PA 19317	Mailing Address P.O. BOX 999 2 POND'S EDGE DR. CHADDS FORD, PA 19317	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BRANDYWINE FINANCIAL SERVICES CORPORATION C/O BRUCE E. MOORE 2631 MCCORMICK DR., STE. 101 CLEARWATER, FL 33759		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, BRUCE E 2 PONDS EDGE DRIVE CHADDS FORD, PA 19317	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Bruce E. Moore Managing Member 1/5/2006 (610)388-9600 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



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CR2E083 (11/05)

4. FEI Number 82-0565686	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required