

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 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**



04022008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**82-0565686**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

U000000937520  
05/27/08-80054-001 143.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MOORE, BRUCE E  
2 PONDS EDGE DRIVE  
CHADDS FORD, PA 19317**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**Bruce E. Moore**

**4/2/08**

Date

**610-388-9600**

Daytime Phone #

*managing member*