


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90148 008 ****50.00

DOCUMENT # L02000026015

1. Entity Name
FRANKLIN ASSESSMENTS GP, LLC



Principal Place of Business
**2 POND'S EDGE DRIVE
 CHADDS FORD, PA 19317**

Mailing Address
**PO BOX 999
 CHADDS FORD, PA 19317**

24064393



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04232004 Chg-LLC CR2E083 (10/03)

City & State
 Zip Country

4. FEI Number
41-2064601

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
**BRANDYWINE FINANCIAL SERVICES CORPORATION
 C/O BRUCE E MOORE
 2631 MCCORMICK DRIVE STE. 101
 CLEARWATER, FL 33759**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOORE, BRUCE E 2 PONDS EDGE DRIVE CHADDS FORD, PA 19317 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **Bruce E. Moore** **APR 26 2004** **(610) 388-9100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #