

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90031 048 *****55.00

DOCUMENT # L02000026015

1. Entity Name

FRANKLIN ASSESSMENTS GP, LLC



Principal Place of Business

Mailing Address

**2 POND'S EDGE DRIVE
CHADDS FORD PA 19317**

**PO BOX 999
CHADDS FORD PA 19317**

90151903



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

41-2064601

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

**BRANDYWINE FINANCIAL SERVICES CORPORATION
C/O BRUCE E MOORE
2631 MCCORMICK DRIVE STE. 101
CLEARWATER FL 33759**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Bruce E. Moore 2 Pond's 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:

SIGNATURE REQUIRED

**Bruce E. Moore
Managing Member**

AUG - 8 2003

(610) 388-9600

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

Date

Daytime Phone #

CR2E083 (4/03)

Attachment

Brandywine Financial Services Corporation

P.O. Box 999
Chadds Ford, PA 19317
(610) 388-9600

9051903
#L02000026015

August 12, 2003

Limited Liability Company
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314-6478

Re: Franklin Assessments GP, LLC
#L02000026015
2003 Florida Uniform Business Report

Via Certified Mail
Return Receipt Requested
7002 3150 0003 4922 7191

Dear Sir/Madam:

Enclosed please find the 2003 Florida Uniform Business Report for the above referenced limited liability company along with a check in the amount of \$55.00 for the annual registration fee and the additional fee required for a Certificate of Status.

Please send the Certificate of Status to my attention at the address listed above. Should you have any questions, please call me at (610) 388-9600.

Sincerely,



Michael A. Lynam
Chief Accounting Officer

MAL:dd

Enclosures