

# 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

UBR2700

**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

4. FEI Number

**41-2064601**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
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
<b>MGRM Bruce E. Moore 2 Pond's Edge Drive Chadds Ford, PA 19317</b>			
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]*  
**SIGNATURE REQUIRED**  
**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

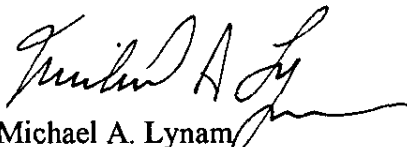
Via Certified Mail  
Return Receipt Requested  
7002 3150 0003 4922 7191

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