


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90083 047 ****50.00

DOCUMENT # M01000001218	
1. Entity Name TEMPLETON INVESTMENT COUNSEL, LLC	

Principal Place of Business 500 E. BROWARD BLVD., STE. 2100 FT LAUDERDALE, FL 33394-3091	Mailing Address 500 E. BROWARD BLVD., STE. 2100 ATTN: LEGAL DEPT. FT LAUDERDALE, FL 33394-3091
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2. Principal Place of Business 500 E. Broward Blvd.	3. Mailing Address One Franklin Parkway
Suite, Apt. #, etc. Suite 2100	Suite, Apt. #, etc. Legal SM 920/2
City & State Fort Lauderdale, FL	City & State San Mateo, CA
Zip 33391-3091	Country
Country	Zip 94403-1906
	Country



04142005 Chg-LLC CR2E083 (10/03)

4. FEI Number 94-3385113	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent SEIDMAN, LAURA R 500 E. BROWARD BLVD. FT. LAUDERDALE, FL 33394-3091	
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7. Name and Address of New Registered Agent	
Name Laura R. Seidman	
Street Address (P.O. Box Number is Not Acceptable) 500 E. Broward Blvd., Suite 2100	
City Fort Lauderdale	FL Zip Code 33391-3091

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 _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TEMPLETON WORLDWIDE, INC. 500 E. BROWARD BLVD., STE. 2100 FT. LAUDERDALE, FL 333943091 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Templeton Worldwide, Inc. 500 E. Broward Blvd., Suite 2100 Fort Lauderdale, FL 33394-3091 <input checked="" 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
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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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: *Barbara J. Green*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

April 21, 2005
Date

650-312-2000
Daytime Phone #