



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-02-2005 90083 048 \*\*\*\*50.00

<b>DOCUMENT # M01000001219</b> 1. Entity Name <b>FRANKLIN TEMPLETON SERVICES, LLC</b>					
Principal Place of Business <b>ONE FRANKLIN PKWY. SAN MATEO, CA 94403-1906</b>			Mailing Address <b>ONE FRANKLIN PKWY. LEGAL SM 920/2 SAN MATEO, CA 94403-1906</b>		
2. Principal Place of Business <b>One Franklin Parkway</b>		3. Mailing Address <b>One Franklin Parkway</b>		  04142005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Legal SM 920/2</b>			
City & State <b>San Mateo, CA</b>		City & State <b>San Mateo, CA</b>			
Zip <b>94403-1906</b>		Zip <b>94403-1906</b>			
4. FEI Number <b>94-3384969</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SEIDMAN, LAURA R 500 E. BROWARD BLVD., STE. 2100 FT LAUDERDALE, FL 33394-3091</b>			7. Name and Address of New Registered Agent Name <b>Laura R. Seidman</b> Street Address (P.O. Box Number is Not Acceptable) <b>500 E. Broward Blvd., Suite 2100</b> City <b>Fort Lauderdale,</b> <b>FL</b> Zip Code <b>33394--3091</b>		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TEMPLETON WORLDWIDE, INC. 500 EAST BROWARD BLVD, SUITE 2100 FORT LAUDERDALE, FL 33394</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGMR Templeton Worldwide, Inc. 500 E. Broward Blvd., Suite 2100 Fort Lauderdale, FL 33394-3091</b> <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	
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.					
<b>SIGNATURE:</b> <i>Barbara J. Green</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <b>April 21, 2005</b>		Daytime Phone # <b>650-312-2000</b>