## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # M01000001220** 1. Entity Name FRANKLIN TEMPLETON COMPANIES, LLC Principal Place of Business \_ Mailing Address ONE FRANKLIN PKWY. ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-1906 SAN MATEO, CA 94403-1906 US 02132004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number 94-3382187 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SEIDMAN, LAURA R 500 E. BROWARD BLVD FT LAUDERDALE, FL 33394-3091

the obligations of registered agent.

SIGNATURE:

FILED Mar 02, 2004 08:00 AM Secretary of State

Applied For

\$5.00 Additional

650-312-2000

Daytime Phone #

Not Applicable

Certificate of Status Desired	163	Fee Required

## DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
	iling Fee is \$50.00 ue by May 1, 2004		U00000073670 03/02/04-80046-010 55.00
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TEMPLETON WORLDWIDE, INC. 500 EAST BROWARD BLVD., SUITE 2100 FORT LAUDERDALE, FL 333943091		
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling 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.			

BARBARA J. GREEN, SENIOR VICE PRESIDENT

AND SECRETARY OF TEMPLETON WORLDWIDE, INC. 09/17/04

Date

URE:

AND SECRETARY OF TEMPLET

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

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