2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

05-02-2005 90089 006 ****50.00 DOCUMENT # M01000001220 FRANKLIN TEMPLETON COMPANIES, LLC 40072345 Mailing Address Principal Place of Business ONE FRANKLIN PKWY. ONE FRANKLIN PARKWAY SAN MATEO, CA 94403-1906 SAN MATEO, CA 94403-1906 US 3. Mailing Address 2. Principal Place of Business One Franklin Parkway One Franklin Parkway Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 CR2E083 (10/03) Chg-LLC Legal SM 920/2 City & State City & State Applied For 4. FEI Number San Mateo, CA San Mateo, CA 94-3382187 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 94403-1906 94403-1906 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama <u> Laura R. Seidman</u> SEIDMAN, LAURA R Street Address (P.O. Box Number is Not Acceptable) 500 E. BROWARD BLVD 500 E. Broward Blvd., Suite 2100 FT LAUDERDALE, FL 33394-3091 City Fort Lauderdale, 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. DATE (NOTE: Registered Agent signature required when reinstating) 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 **MGRM MGMR** ☐ Belete TITI F Change ☐ Addition TEMPLETON WORLDWIDE, INC. NAME NAME TEMPLETON WORLDWIDE, INC. 500 EAST BROWARD BLVD., SUITE 2100 STREET ADDRESS STREET ADDRESS 500 EAST BROWARD BLVD., SUITE 2100 CITY-ST-ZIP FORT LAUDERDALE, FL 333943091 CITY-ST-ZIP FORT LAUDERDALE, FL 33394-3091 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 cath; 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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

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SIGNATURE: Templeton Worldwide, Inc., Barbara J. Green, Senior Vice President & Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

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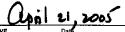
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650-312-2000

Change

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FILED

May 02, 2005 8:00 am Secretary of State