

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # M01000001220

1. Entity Name  
FRANKLIN TEMPLETON COMPANIES, LLC



Principal Place of Business

ONE FRANKLIN PKWY.  
SAN MATEO, CA 94403-1906

Mailing Address

LEGAL SM 920/2  
ONE FRANKLIN PARKWAY  
SAN MATEO, CA 94403-1906 US



02152008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

94-3382187

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	TEMPLETON WORLDWIDE, INC.
STREET ADDRESS	500 EAST BROWARD BLVD, STE 2100
CITY - ST - ZIP	FORT LAUDERDALE, FL 333943091

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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U00000844630  
03/13/08-80006-021 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*Maria Gray*

*Maria Gray*

*February 20, 2008*

*650-312-2000*

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

Date

Daytime Phone #