9/11/2002-90128-006-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 11 PM 12: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000004648

1. Entity Name

TEM (T&S) LLC

Principal Place of Business	Mailing Address
CLINCH'S HOUSE-LORD STREET DOUGLAS ISLE OF MAN IM991RZ	CLINCH'S HOUSE-LORD STREET DOUGLAS ISLE OF MAN IM991RZ
2. Principal Place of Business	**3. Mailing Address**
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number   ☐ Applied For   ☒ Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UCC FILING & SEARCH SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

				10.	ADDITIONS / CHANGES	
TITLE	MGR	☐ Delete		TITLE MGRM		☐ Change ☒ Addition
NAME	CAVERSHAM LLC	AMENDED		NAME HARRISON LIMITED		
STREET ADDRESS	CLINCH'S HOUSE-LORD STREET	ADDRESS		STREET ADDRESS CLINCH'S HOUSE, LORD STREET, DOUGLAS		
CITY-ST-ZIP	DOUGLAS ISLE OF MAN IM991RZ			CITY-ST-ZIP ISLE OF MAN, IM99 1RZ		
TITLE	MGR	☐ Delete		TITLE MGR		☒ Change ☐ Addition
NAME	SILVERSANDS LLC	AMENDED		NAME CAVERSHAM LLC		
STREET ADDRESS	CLINCH'S HOUSE-LORD STREET	ADDRESS		STREET ADDRESS 46 STATE STREET, 3RD FLOOR		
CITY-ST-ZIP	DOUGLAS ISLE OF MAN IM991RZ			CITY-ST-ZIP ALBANY, NEW YORK, 12207, USA		
TITLE		☐ Delete		TITLE MGR		☒ Change ☐ Addition
NAME				NAME SILVERSANDS LLC		
STREET ADDRESS				STREET ADDRESS 30 E 40TH STREET, NEW YORK		
CITY-ST-ZIP				CITY-ST-ZIP NY 10016, NEW YORK, USA.		
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE		☐ Delete		TITLE		☐ Change ☒ Addition
NAME				NAME		
STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		

CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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: _____ SIGNATURE REQUIRED For and on behalf of CAVERSHAM LLC

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #