

LLF

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000004648

1. Entity Name
TEM (T&S) LLC



Principal Place of Business
P.O. BOX 227, CLINCH'S HOUSE
LORD STREET, DOUGLAS
ISLE OF MAN 1M99 1RZ,

Mailing Address
P.O. BOX 227, CLINCH'S HOUSE
LORD STREET, DOUGLAS
ISLE OF MAN 1M99 1RZ,

FILED

2004 APR 29 P 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01122004 No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

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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

Filing Fee is \$50.00
Due by May 1, 2004

800034714088
04/29/04--01053--010 **50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HARRISON LIMITED
CLINCH'S HOUSE, LORD STREET, DOUGLAS
ISLE OF MAN 1M99 1RZ,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CAVERSHAM LLC
46 STATE STREET, 3RD FLOOR
ALBAN, NY 12207

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SILVERSANDS LLC
30 EAST 40TH STREET
NEW YORK, NY 10016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE

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.

For and on behalf of CAVERSHAM LLC

SIGNATURE:

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

MELANIE SARADUK

Date 04/29/04 Telephone #