

**2005 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,

30000532



01212005 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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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

TITLE MGR
NAME SILVERSANDS LLC
STREET ADDRESS 30 EAST 40TH STREET
CITY-ST-ZIP 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.

SIGNATURE: For and on behalf of Harrison Limited

16 FEB 2005

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

Date

Daytime Phone #