

**2006 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, XX

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

30005403



04052006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309

**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

**Filing Fee is \$50.00  
Due by May 1, 2006**

**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

**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:

For and on behalf of CAVERSHAM LLC

06/04/2006

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

Date

Daytime Phone #