


2007 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
--	--

DO NOT WRITE IN THIS SPACE



03122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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, 2007**

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	

U000000698517
04/19/07-80005-024 50.00

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 **02 APR 2007**

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