

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000004648

1. Entity Name

TEM (T&S) LLC



FILED

03 FEB 10 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 000012222980  
CITY-ST-ZIP 02/10/03--01080--022 \*\*150.00

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

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

30/01/03

Date

Daytime Phone #

CR2E083 (10/02)