

Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals. CHWP000

Company Number

2853615

From

Company name in full

ALBEMARLE RESIDENTS	LIMITED	

Ch ana	-11-44-4	(includina	hanua	abaras	١.
Snares	allotted	iinciuaina	ponus	snares.	ł:

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box)

Month Year Day Month Year Day 8 0 1 2 0 ١0

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

ORDINARY	
1	
£1.00	

List the names and addresses of the allottees and the number of shares allotted to each overleaf

If the allotted shares are fully or partly paid up otherwise than in cash please state:

% that each share is to be treated as paid up

100

Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)

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When you have completed and signed the form send it to the Registrar of Companies at: ompanies House, Crown Way, Cardiff CF14 3UZ or companies registered in England and Wales

Th **COMPANIES HOUSE** 05/10/04

ompanies House, 37 Castle Terrace, Edinburgh EH1 2EB or companies registered in Scotland DX 235 Edinburgh or LP - 4 Edinburgh 2

Form revised 10/03

DX 33050 Cardiff

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share	Shares and share class allotted		
Name MR BOBBY HUI		Class of shares allotted	Number allotted		
Address _. 2A ALBEMARLE MANSIONS		ORDINARY	1		
HEATH DRIVE, LONDON					
UK Postcode	e N W 3 Z Z Z Z	<u>A</u>	<u> </u>		
Name		Class of shares allotted	Number allotted		
Address					
L					
UK Postcode	e	_			
Name		Class of shares allotted	Number allotted		
Address					
UK Postcod			L		
Name		Class of shares allotted	Number allotted		
Address					
L			<u> </u>		
UK Postcod	le		L		
Name		Class of shares allotted	Number allotted		
Address					
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VK Postcod	le		L		
Please enter the number of continuation s	sheets (if any) attached	to this form			
Signed		na och along			
A director / secretary / administrator / administra	tive receiver / receiver manag	er / receiver Please	delete as appropriate		
/ou do not have to give any contact					
f you do, it will help Companies House to contact you if there is a					
uery on the form. The contact		Tel	N 7 100 1		
nformation that you give will be risible to searchers of the public ecord.	X number	DX exchange			