

Return of Allotment of Shares

Please complete in typescript, or
in bold black capitals.

CHFP036

Company Number

04476692

Company name in full

VANTAGE QUAY MANAGEMENT LIMITED

Shares allotted (including bonus shares):

Date or period during which
shares were allotted

(If shares were allotted on one date
enter that date in the "from" box)

From							To						
Day	Month	Year	Day	Month	Year		Day	Month	Year				
2	8	0	9	2	0	0	4						

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)

'A' ORDINARY		
117		
£1		
£1		

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

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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)

When you have completed and signed the form send it to
the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ DX 33050 Cardiff
For companies registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB DX 235
For companies registered in Scotland Edinburgh



AS2

0203

01/04/05

COMPANIES HOUSE

Form Revised January 2000

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

Shareholder details		Shares and share class allotted	
Name CITY LOFTS (PICCADILLY) LIMITED		Class of shares allotted	Number allotted
Address 109 GLOUCESTER PLACE LONDON UK Postcode W1U 6JW		'A' ORDINARY	117
Name 		Class of shares allotted	Number allotted
Address 			
UK Postcode			
Name 		Class of shares allotted	Number allotted
Address 			
UK Postcode			
Name 		Class of shares allotted	Number allotted
Address 			
UK Postcode			
Name 		Class of shares allotted	Number allotted
Address 			
UK Postcode			

Please enter the number of continuation sheet (if any) attached to this form

Signed

A director / ~~secretary~~ / administrator / administrative receiver / receiver manager / receiver

Date _____

29 MARCH 2005

Please delete as appropriate

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

ADAMS, MITCHELL	
109 GLOUCESTER PLACE	
LONDON W1U 6JW	Tel 020 7486 2234
DX number	DX exchange