

## 101092/30

## 363a

Please complete in typescript, or in bold black capitals.

## **Annual Return**

CHFP000

Company number

Company name in full

4690061	
•	

TORRAY HOTELS LIMITED

Date of this return

The information in this return is made up to

0 110 13/1200 10 18

Date of next return

If you wish to make your next return to a date earlier than the anniversary of this return please show that date here. Companies House will then send a form at the appropriate time.

Day Year Month

Registered Office

Show here the address at the date of this return

Any change of registered office must be notified on form 287

Post town

County/Region

**UK Postcode** 

LINCOMPLE HALL HOTEL

MEADER OF ROAD

TORGURY

12 13 X 1 <u>1</u> P

Principal business activities

Show trade classification code number(s) for the principal activity or activities

If the code number cannot be determined, give a brief description of principal activity

12/05/2009 **COMPANIES HOUSE**  2210

When you have completed and signed the form please send it to the

Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ

for companies registered in England or Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX ED235 Edinburgh 1 For companies registered in Scotland

DX 33050 Cardiff

or LP-4 Edinburgh 2

07/08

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Register of members		
If the register of members is no registered office, state here wh	t kept at the	
registered onice, state here wh	ere it is kept	
	Post town	
Ċ	ounty/Region	
	UK Postcode	
	. •	
Register of Debenture I If there is a register of debentur duplicate of any such register or is not kept at the registered office	e holders, or a r part of it, which	
where itls kept	Post town	
Co	ounty/Region	
	UK Postcode	
Company type		
Public limited company		
Private company limited b	y shares	
Private company limited to share capital	by guarantee witho	out
Private company limited by section 30 Private company limited by under section 30		Thouse don't are appropriate box
Private unlimited compan	y with share capita	al
Private unlimited compan	y without share ca	pital
Company Secretary		Details of a new company secretary must be notified on form 288a
* Voluntary details		
(Please photocopy this area to provide details of joint	e *Style/Title	·
secretaries).	Forename(s)	WILLIAM OLIVER
†† Tick the box if the address shown is a	Surname	TAMES
service address for the beneficiary of a Confidentiality Order	Address ††	42 Kundre
granted under section 723B of the Companies		ILSHAM MARINE DRIVE
Act 1985, Otherwise, give your usual residential address. In	Post town	Torquay
the case of a corporation or Scottish firm, give the	County/Region (	[ 06vor)
registered or principal office address.	UK Postcode	LTQ LI LZ LH LV
If a partnership, give the names and addresses of the partners or the name of the partnership and	Country	
office address		
		•

Directors Please list the directors Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
In the case of a director that is a corporation or a	Name *Style/Title	
Scottish firm, the	•	Day Month Year
corporate or firm name	Date of birth	01/100/11/12/12/18
	Forename(s)	EVELINE MAREL
At Tistals haviftha	Surname	JAMES
†† Tick the box if the address shown is a service address for the	e Address ††	S BISHOPS WOOD
beneficiary of a Confidentiality Order granted under section		ALMONARRICY
723B of the Companie Act 1985. Otherwise,	es :	BRISTOL
give your usual residential address. If the case of a	County/Region	Avor
corporation or Scotti firm, give the register or principal office	:h	1B 13 12 14 1H 1N
address.	Country	England
	Nationality	BUTICH
	Business occupation	COMPANY DIRECTOR
Directors Please list the directors * Voluntary details	in alphabetical order	Details of new directors must be notified on form 288a
In the case of a director that is a	Name *Style/Title	
corporation or a Scottish firm, the name is the		Day Month Year
corporate or firm	Date of birth	125/111/1191610
	Forename(s	WILLIAM OUVER
the the box if the	Surname	TAMES
address shown is a service address for t		42 KILLIORIE
beneficiary of a Confidentiality Order granted under section	, [	ILCHAM MARINE DRIVE
723B of the Compan Act 1985. Otherwise,	es	TORQUAY
give your usual residential address. the case of a	County/Region	1 DEVON
corporation or Scott firm, give the registe or principal office	sh red UK Postcod	e T Q L L Z LH L
address.	Countr	x Fucho
	Nationalit	y L Brutish
	Business occupatio	n MANAGING DIRECTOR

Γ ·			<del></del>		
Issue share capital Enter details of all the shares in issue at the date of this return	Class (e.g. Ordinary/Preference)	Number of shares issued	Aggregate Nominal Value  (i.e. Number of shares issued multiplied by nominal value per share, or total amount of stock)		
	LONDIMANY	1. ppp	1/2 100:00		
		1			
		L			
	Totals	666	\$600.00		
Traded public companies  A traded public company means a company any of whose shares are shares admitted to trading on a regulated market	Please tick this box if your public company at any time this return				
	•		•		
List of past and present shareholders (use attached schedule where appropriate)	Please tick the appropriate	box below:	On paper In another format		
Private or non-traded public companies are required to provide a "full list" if one was not included with either of the last two returns.	A full list of shareholders fo company is enclosed. Pleas				
Traded public companies are required to provide a list of shareholders who held at least 5% of the issued shares of any share class if a list was not provided with either of the last two	es enclosed. Please complete Schedule B.				
returns.	A list containing shareholde	r changes is enclosed			
	→ For private or non-tra	aded public companies, <b>pl</b> <b>A</b>	ease		
	→ For traded public cor Schedule B	mpanies, <b>please complet</b> e	e		
	There were no shareholder	changes in this period			
Certificate	I certify that the information knowledge and belief	given in this return is true	e to the best of my		
Signed	C 20 5		Date 11/5/09		
* Please delete as appropriate	*(director / secretary)				
When you have signed the return, send it with the fee to the Registrar of Companies. Make cheques payable to Companies House.	This return includes	continuation sheet	s		
You do not have to give any contact					
information in the box opposite but if you do, it will help Companies House to					
contact you if there is a query on the form. The contact information that you					
give will be visible to searchers of the public record.					
,	DX number	DX exchange			
			Pana A		

This must only be completed by private and public limited companies that have not traded on a regulated market

## Schedule A for private or non-traded public companies List of past and present shareholders

	-	(Please use a continuation sheet if required)
Company number	4690061	
Company name in full	TORDAY HOTHE	UMITED
	1	

- Changes to shareholders' particulars or details of the amount of stock or shares transferred must be completed each year
- > You must provide a "full list" of all company shareholders on:
  - The company's first annual return following incorporation
  - · Every third annual return after a full list has been provided
- List the company shareholders in alphabetical order or provide an index
- > List joint shareholders consecutively

Do not give shareholder address information

Shareholder's name only	ctock hold	Shares or amount of stock (if appropriate) Class and number of shares or amount of stock	Date of registration
		transferred A 1979	of transfer ()
Name EVEUNE MARKE JAMES	333 Orsman 24ARES		
Name  Name  Name  Name  Name  Name  Name  Name  Name	233 Orwinary Lances		·
Name			
Name			
Name			
Name			
Name			
			<u> </u>
Name .			
		<u> </u>	<u> </u>
Name			

Schedule A for private or non-traded public companies (continuation sheet)
List of past and present shareholders

Company number				
Company number			 	

Shareholder's name only	Class and number of shares or amount of stock held	Shares or amount of stock (if appropriate) Class and number of shares or amount of stock transferred	Date of 🛴
Name			
Name .			
Name	~		
Name			
No.			
Name			
Name			
Name			
Name			
Name			
Name	,		
Name ,			
Name			