



Companies House
— for the record —

AR01 (ef)

Annual Return



X2M9HBUY

Received for filing in Electronic Format on the: **30/11/2013**

Company Name: **LIMEGARTH MANAGEMENT COMPANY LIMITED**

Company Number: **05281003**

Date of this return: **09/11/2013**

SIC codes: **68320**

Company Type: **Private company limited by guarantee**

Situation of Registered Office: **WATERSIDE BARN
SUNNYSIDE FARM MEATHOP
GRANGE OVER SANDS
CUMBRIA
LA11 6RF**

Officers of the company

Company Secretary 1

Type: **Person**
Full forename(s): **MR MICHAEL GEOFFREY**

Surname: **PEART**

Former names:

Service Address: **WATERSIDE BARN SUNNYSIDE FARM
MEATHOP
GRANGE OVER SANDS
CUMBRIA
LA11 6RF**

Company Director ***1***

Type: **Person**

Full forename(s): **DOCTOR IAN ROBERT**

Surname: **GEORGE**

Former names:

Service Address: **1 QUARRY BANK BARNS
GRANGE OVER SANDS
CUMBRIA
LA11 6RF**

Country/State Usually Resident: **ENGLAND**

Date of Birth: **26/01/1968**

Nationality: **BRITISH**

Occupation: **CONSULTANT**

Company Director 2

Type: **Person**

Full forename(s): **MR MICHAEL GEOFFREY**

Surname: **PEART**

Former names:

Service Address: **WATERSIDE BARN SUNNYSIDE FARM
MEATHOP
GRANGE OVER SANDS
CUMBRIA
LA11 6RF**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **19/01/1944**

Nationality: **BRITISH**

Occupation: **DIRECTOR**

Company Director **3**

Type: **Person**

Full forename(s): **MR NIGEL DAVID**

Surname: **POOLE**

Former names:

Service Address: **36 STAMFORD ROAD
BOWDON
ALTRINCHAM
CHESHIRE
WA14 2JX**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **10/11/1965**

Nationality: **BRITISH**

Occupation: **BARRISTER**

Company Director **4**

Type: **Person**

Full forename(s): **MRS JULIE LORRAINE**

Surname: **STEWART**

Former names:

Service Address: **THE OLD BARN
SUNNYSIDE FARM, MEATHOP
GRANGE OVER SANDS
CUMBRIA
LA11 6RF**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **17/02/1971** *Nationality:* **BRITISH**

Occupation: **CONSULTANT**

Company Director **5**

Type: **Person**
Full forename(s): **DR BRIAN**

Surname: **WILSON**

Former names:

Service Address: **2 QUARRY BANK BARNS
MEATHOP
GRANGE OVER SANDS
CUMBRIA
LA11 6RF**

Country/State Usually Resident: **UNITED KINGDOM**

Date of Birth: **28/04/1933** *Nationality:* **BRITISH**
Occupation: **CONSULTANT**

Authorisation

Authenticated

This form was authorised by one of the following:

Director, Secretary, Person Authorised, Charity Commission Receiver and Manager, CIC Manager, Judicial Factor.