

Please complete in typescript, or in bold black capitals.

Annual Return of a Limited Liability Partnership

CHWP000	LLP Number	OC300126
	Full Name of Limited Liability Partnership	
	Date of this return The information in this return is made up to	0 3 1 0 5 2 0 0 8
	Date of next return if you wish to make your nex return on a date earlier that the anniversary of this return please show the date here	t Day Month Year
Any change of registered of must be notifie Form LLP287.		SHEPPERTON WARNA
roiii LLP287.	Post town	SHEPPERTON
1.4,1.	County	Postcooe
If there is a re	Register of Register of	
debenture hok duplicate of a register or pu which is not ke registered offi here where it is	lers, or a tiny such Post tow art of it, opt at the Count ce, state	UK
7000 77700	List members	• •
	Certificat	As a designated member I certify that the information given in this return is true to the best of my knowledge and belief.
	Signe	Designated Member
When you have with the fee to	ive signed the return send to the Registrar of Companie	S. Itis fediti incides
A85 23	by by 39 ANIES HOUSE	When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 SUZ for partnerships registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh or LP - 4 Edinburgh

Members Please list members	in alphabetical order	
in the case of a member that is a		Details of new members must be notified on form LLP288a
corporation or a Scottish firm, the name is the	Sumame or Corporate Name	DIBDEN
corporate or film name.	Forename(s)	ADRIAN
** Tick this box if	Address ^{††}	18 THE MOORINGS
is a service address for the beneficiary		2 WILLOW WAY
of a Confidentiality Order granted under section 7238 of the	Post town	CHRISTCHURCH
Companies Act 1985 otherwise, give your usual residen-	County / Region	DORSET UK Postcode BH23 1JJ
tial address. In the case of a corpore-	Country	Tick box if designated member
tion or Scottish firm, give the regis- tered or principal	'	
office address.		
	Member Reference	Day Month Year Date of Birth 0.5 0.9 1.9 6.3
	Number *(es advised by Companies House)	Date of Birth 0 5 0 9 1 9 6 3
* Voluntary Information		
Members		
Please list members in the case of a	in alphabetical order	
member that is a corporation or a		Details of new members must be notified on form LLP288a
Scottish firm, the name is the	Surname or Corporate Name	MORTIMER
corporate or firm name.	Forename(s)	SIMON
# Tick this box if	Address **	97a SPINNEY HILL
the address shown is a service address for the beneficiary		OTTERSHAW
of a Confidentiality Order granted under section 7238 of the	Post town	ADDLESTONE
Companies Act 1985 otherwise, give your	County / Region	SURREY UK Postcode KT15 1AZ
usual residential address. In the case of a corpora-	Country	Tick box if designated member
tion or Scottish firm, give the registered or principal office		
address.		
	Member Reference Number *(as advised	Day Month Year Date of Birth 3 0 0 8 1 9 6 4
	by Companies House)	

* Voluntary Information