

Please complete in typescript, or in bold black capitals.

A40

11/06/2009

COMPANIES HOUSE

215



## **LLP363**

## Annual Return of a Limited Liability Partnership

CHWP000	OC		
O11111 000	LLP Number	300174	
Full Name of Limited Liability Partnership		NANTES LLP	
	ate of this return nformation in this return is made up to	Day Month Year  2   3   0   5   2   0   0   9	
If you w return the ann	ate of next return ish to make your next on a date earlier than liversary of this return e show the date here.	Day Month Year	
	legistered Office now here the address as at the date of this return.	36 EAST STREET	
OIIII EEF 287.	Post town	BRIDPORT	
	County	DORSET	UK Postcode DT6 3LH
De	Register of benture Holders		
there is a register of benture holders, or a plicate of any such gister or part of it, nich is not kept at the gistered office, state	Post town		UK Postcode
ere where it is kept	List members o	on page 2	
Certificate		As a designated member I certify that true to the best of my knowledge and I	
	Signed	M. Hanez.	<b>Date</b> 10 June 2009
		Designated Member	
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to		I his return includes	continuation sheets.
*A90L	JAM7*	When you have completed and signed Registrar of Companies at:  Companies House, Crown Way, Cardifor partnerships registered in England and Companies House, 139 Fountainbridg	the form please send it to the  ff, CF14 3UZ  DX 33050 Car  d Wales  or

for partnerships registered in Scotland

or LP - 4 Edinburgh 2

Members Please list members	in alphabetical order			
In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.		Details of new members must be notified on form LLP288a		
	Surname or Corporate Name	DAVID JOHN		
	Forename(s)			
<sup>††</sup> Tick this box if the address shown	Address **			
is a service address for the beneficiary of a Confidentiality				
Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish	Post town	Bridport		
	County / Region	Dorset UK Postcode DT6 5LA		
	Country	United Kingdom Tick box if designated member		
firm, give the regis- tered or principal office address.				
	Member Reference	Day Month Year		
	Number *(as advised by Companies House)	Date of Birth		
* Voluntary information	,,			
Members Please list members	in alphabetical order			
In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.		Details of new members must be notified on form LLP288a		
	Surname or Corporate Name	HARVEY		
	Forename(s)	MICHAEL ANTHONY		
th Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered	Address **	48 West Allington		
	Post town	Bridport		
	County / Region	Dorset UK Postcode DT6 3BH		
	Country	United Kingdom Tick box if designated member		
or principal office address.				
	Member Reference	Day Month Year		
	Number *(as advised by Companies House)	Date of Birth		

\* Voluntary information

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