

Pleas e complete in typescript, or in bold black capitals.

LLP363

Annual Return of a Limited **Liability Partnership**

CHWP000		
	LLP Number	06 300716
Fuil	Name of Limited	COLNE CAREFORCE LLP
Liability Partnershi		
	ate of this return nformation in this return is made up to	Day Month Year
lf you wi retum the anni	ite of next return ish to make your next on a date earlier than iversary of this return show the date here.	Day Month Year
	egist ered Office ow here the address	GROWND FLOOR, SAFFRON GROWND
	as at the date of this return.	DITCHMORE LANE
rom LEF 207.	Post town	STEVENAGE
•	County	HERTERASHIRE Postcode SG13LJ
De	Regist er of benture Holders	
If there is a register of debenture holders, or a duplicate of any such register or part of it, which is not kept at the		UK
registered office, state here where it is kept	•	Postcode
	List members o	• -
	Certificate	As a designated member I certify that the information given in this return is true to the best of my knowledge and belief.
	Signed	Designated Member Date 774 Oct. 2006
When you have signe with the fee to the Reg Cheques should be	gistrar of Companies.	This return includes NIQ continuation sheets.
A51 *APXTJJJ. COMPANIES HOUSE 10/03	/ A** 505 10/10/2006	When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, CrownWay, Cardiff,CF14 3UZ DX 33050 Card for partnerships registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh,EH1 2EB DX 235 Edinburgh or LP - 4 Edinburgh

Please list members	in alphabetical order	
in the case of a 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	CAREFORCE SERVICES CTD
corporate or firm name.	Forename(s)	
= Tick this box if the address shown	Address ==	CRONNO FLOOR
is a service address for the beneficiary of a Confidentiality		SAFFAON, GAOWND, DITCHMOAC LANE
Order granted under section 723B of the Companies Act	Post town	STEVENAGE
1985 otherwise, give your usual residen-	County / Region	HERTFORDSHIRE POSTCOOLE SGI 3LJ
tial address. In the case of a corpora- tion or Scottish	Country	NOTED KING DOW Tick box if designated member
firm, give the regis- tered or principal office address.		
		Day Month Year
	Member Reference Number *(as advised	2767 Date of Birth
* Voluntary information	by Companies House)	
Members Please list members	in alphabetical order	
In the case of a 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	NNASEFACE CTO
corporate or firm name.	Forename(s)	
= Tick this box if	Address ==	GRONND FLOOR
the address shown is a service address for the beneficiary		SAFFAON GAONNO DITCHMORE CANE
of a Confidentiality Order granted under section 723B of the	Post town	steven age
Companies Act 1985 otherwise, give your	County / Region	HERTFORMSHING Postcode SGI 363
usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.	Country [Tick box if designated member
		Day Month Year
	Member Reference Number *(as advised by Companies House)	50422 Date of Birth

Members

* Voluntary information