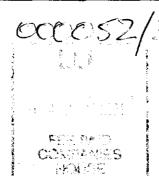


Please complete in typescript, or in bold black capitals.

CHFP000



## LP363

Annual Return of a Limited **Liability Partnership** 

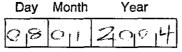
LL	P	Νι	ım	ber	•
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**Full Name of Limited Liability Partnership** 

Anglo	Continental	HOLLINGS LLR

Date of this return

The information in this return is made up to



393*66*9

Date of next return

If you wish to make your next return on a date earlier than the anniversary of this return please show the date here.

Day	Month	Year
[		

Any change of registered office must be notified on Form LLP287.

**Registered Office** 

Show here the address as at the date of this return.

Postcode

Register of **Debenture 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 registered office, state here where it is kept

Post town

Post town

County

County

UΚ Postcode

List members on page 2

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

When you have signed the return send it with the fee of £35 to the Registrar of Companies. Cheques should be made payable to Companies House.



**COMPANIES HOUSE** 

08/01/04

Form April 2002

This return includes

continuation sheets.

(enter number)

When you have completed and signed the form please send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX ED235 Edinburgh

Please list members	s 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	WALL
corporate or firm . name.	Forename(s)	ANTREL
** Tick this box if the address shown	Address **	Truss ITH Hore FARM, Wood Lare
is a service address for the beneficiary		So St.
of a Confidentiality Order granted under section 723B of the Companies Act	Post town	Addington
1985 otherwise, give your usual residen-	County / Region	Cheshine UK SK104PJ
tial address. In the case of a corpora- tion or Scottlsh	Country	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)	12983 Date of Birth 1903 1,959
* Voluntary information	by Companies riouse)	
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	Devine
corporate or firm name.	Forename(s)	Kevin Anthony
** Tick this box if	Address **	Sadler House, 14-16 Sadler St
the address shown is a service address for the beneficiary		
of a Confidentiality Order granted under section 723B of the	Post town	Middleton
Companies Act 1985 otherwise, give your	County / Region	Machester Postcode 724 545
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	Day Month Year
	Number *(as advised by Companies House)	12982 Date of Birth 2 5 0 2 1 9 5 H

Members

\* Voluntary information

Please complete in typescript, or in bold black capitals.

## LLP363 cont

CHFP000

04/02

## **Annual Return (continuation sheet)**

	LLP Number	OC 303660
Members (Please	e list members in alpha	betical order)
In the case of a		Details of new members must be notified on form LLP288a
member that is a corporation or a Scottish firm, the	Surname or Corporate Name	CALLAN
name is the corporate or firm	Forename(s)	ADELE SUSAN
name.	Address **	9 Gaskell Avenue
Tick this box if the address shown is a		
service address for the beneficiary of a		
Confidentiality Order granted under section 723B of the	Post town	Knuts Esra
Companies Act 1985 otherwise, give your	County / Region	Cheshire DryA Postcode LA16 DryA
usual residential address. In the case of a corporation or	Country	Tick box if designated member
Scottish firm, give the registered or principal	• .	
office address.		Day Month Year
	Member Reference Number *(as advised by Companies House)	
* Voluntary information <b>Members</b> (Please  In the case of a  member that is a	list members in alphat	petical order)  Details of new members must be notified on form LLP288a
corporation or a Scottish firm, the	Surname or	· I
name is the corporate or firm	Corporate Name	
name.	Forename(s)	
<sup>††</sup> Tick this box if the address shown is a	Address **	
service address for the beneficiary of a Confidentiality Order		
granted under section 723B of the Companies Act 1985	Post town	
otherwise, give your usual residential	County / Region	UK Postcode
address. In the case of a corporation or Scottish firm, give the	Country	Tick box if designated member
registered or principal office address.		
	Member Reference	
* Voluntary	Number * (as advised	Date of Birth

## Members Please list members in alphabetical order In the case of a Details of new members must be notified on form LLP288a member that is a corporation or a Scottish firm, the Surname or Corporate Name name is the corporate or firm Forename(s) name. # Tick this box if the Address # address shown is a service address for the beneficiary of a Confidentiality Order granted under section Post town 723B of the Companies Act 1985 UK otherwise, give your County / Region Postcode usual residential address. In the case Tick box if designated member of a corporation or Country Scottish firm, give the registered or principal office address. Day Month Year Member Reference Number \*(as advised Date of Birth by Companies House) \* Voluntary information Members Please list members in alphabetical order In the case of a Details of new members must be notified on form LLP288a member that is a corporation or a Scottish firm, the Surname or Corporate Name name is the corporate or firm Forename(s) пате. # Tick this box if the Address \*\* address shown is a service address for the beneficiary of a **Confidentiality Order** granted under section 723B of the Post town Companies Act 1985 otherwise, give your UK County / Region usual residential Postcode address. In the case of a corporation or Tick box if designated member Country Scottish firm, give the registered or principal office address. Day Month Year Member Reference Number \* (as advised Date of Birth

by Companies House)

\* Voluntary information