

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

10/03

000035/30. LLP363

Annual Return of a Limited Liability Partnership

CHWP000		
	LLP Number	00 303660
	lame of Limited lity Partnership	Anglo Continental Hadings LLP
	te of this return formation in this return is made up to	Day Month Year
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
	gist ered Office w here the address as at the date of this return. Post town County	BrideField Business Centre COD Madester Dock Northwill Clashine Postcode Postcode
Regist er 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 County	UK Postcode
note where the Rope	List members of	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	A. C.D. Date 9/01/2007
		Designated Member
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to		This return includes continuation sheets.
*ABCIEN A16 12/01/2 COMPANIES	2007 344	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 Cardiff 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	s 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	Surname or Corporate Name	Per: e
corporate or firm name.	Forename(s)	Kern Anthony
Tick this box if the address shown	Address ==	Sidle House
is a service address for the beneficiary of a Confidentiality		14-16 Sadler Street
Order granted under section 723B of the Companies Act	Post town	M. Idleton
1985 otherwise, give your usual residen- tial address. In the	County / Region	Manalester Postcode M2454J
case of a corpora- tion or Scottish firm, give the regis-	Country	Tick box if designated member
tered or principal office address.		
		Day Month Year
	Member Reference Number *(as advised by Companies House)	Date of Birth 2,5 0,2 1,9,5 4
* Voluntary infor mation	by companies risascy	
•		
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	Surname or Corporate Name	WALL
corporate or firm name.	Forename(s)	Andrec
= Tick this box if	Address == {	Trugs ITh HOLE Form
is a service address for the beneficiary		Cont Los South
of a Confidentiality Order granted under section 723B of the	Post town	Adligen
Companies Act 1985 otherwise, give your usual residential	County / Region	Cleshice Postcode SICIO 4PJ
address. In the case of a corpora- tion or Scottish firm, give the registered or principal office address.	Country	Tick box if designated member
* Voluntary	Member Reference Number *(as advised by Companies House)	Day Month Year Date of Birth () 0 3 () 5 7
information		

Please complete in typescript, or in bold black capitals.

LLP363 cont

CHWP000

04/02

Annual Return (continuation sheet)

	LLP Number	0= 303660
Members (Please	e list members in alphal	betical 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	Surname or Corporate Name	ADELE SUSAN
name is the corporate or firm name.	Forename(s)	1
†† Tick this box if the	Address ++	9 Gaskell Avenue
address shown is a service address for the beneficiary of a		
the beneficiary of a Confidentiality Order granted under section 723B of the	Post town	knowledge
Companies Act 1985 otherwise, give your usual residential	County / Region	Cheshire Postcode CA16 ODA
address. In the case of a corporation or Scottish firm, give the registered or principal office address.	Country	Tick box if designated member
	Member Reference	Day Month Year
	Number *(as advised	Date of Birth 1 8 0 3 1 9 6 9
	by Companies House)	
* Voluntary information		
Members (Please	list members in alphat	petical order)
In the case of a member that is a corporation or a Scottish firm, the name is the		Details of new members must be notified on form LLP288a
	Surname or Corporate Name	1
corporate or firm name.	Forename(s)	
** 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 Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.		
	Post town	
	County / Region	UK Postcode
	Country	Tick box if designated member
	Member Reference	Day Month Year
* Voluntary	Number *(as advised	Date of Birth
information	by Companies House)	