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LLP363

Please complete in typescript, or in bold black capitals

10/03

Annual Return of a Limited Liability Partnership

or in bold black	capitals					
CHFP021	LLP I	Number	06306408			
	full Name of Liability Part		CAP PARTNERS LLT			
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Registered Office Any change of Show here the address		DEVONSHIRE HOUSE,	1 DEVOI	vsture	STREETI	
registered office must be notified on Form LLP287	as at t h	e date of is return.	Landon			
		Post town	LONDON			
		County	LONDON	Ul Postcode	INLE	NSDR
	Reg Debenture l	jister of Holders	NIA	·		
If there is a regist debenture holders duplicate of any register or part which is not kept registered office, here where it is key	, or a such of it, at the state	Post town County		UI Postcod	1	
			on page 2 As a designated member I certify that the true to the best of my knowledge and be		on given ir	this return is
		Signed	D.S. Com	Date	5./	. 2008
			Designated Member	(-	
When you have with the fee to the Cheques should	e Registrar of C	ompanies	This return includes 2		nuation sh	eets
SATURDAY	*AW7QVWA4*		When you have completed and signed Registrar of Companies at Companies House, Crown Way, Card for partnerships registered in England	iff, CF14 3l	JZ D	nd it to the
A18	12/01/2008	343 ISE	or Companies House, 37 Castle Terrace	e. Edinbura!	n. EH1 25	ΕB

for partnerships registered in Scotland

Page 1

DX 235 Edinburgh

or LP - 4 Edinburgh 2

Members Please list membe	ers in ålphabetical 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	SNYDER				
name is the corporate or firm name	Forename(s)	AUMN				
†† Tick this box if the address shown	Address **	3 SHAFTESBULY ROAD,				
is a service address for the beneficiary of a Confidentiality		CAMBRIDUE				
Order granted under section 723B of the Companies Act	Post town	CAMBRIDUE				
1985 otherwise, give your usual residen-	County / Region	Postcode CB2 2BW				
tial address in the case of a corpora- tion or Scottish	Country	Tick box if designated member				
firm, give the regis- tered or principal office address						
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* Voluntary	by Companies House)	Date of Diffi				
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name is the corporate or firm	Forename(s)	ALEXANDER				
Tick this box if	Address ¹¹	5 STANLEY CARDENS				
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 residen-						
	Post town	LANDON				
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* Voluntary information

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	is a service address for the beneficiary of a Confidentiality		
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* Voluntary information