

Please complete in typescript. or in bold bla



N 200011/30 **LLP363** 

Annual Return of a Limited

or in bold black capitals.		HOUSE		Liability Partnership			
CHFP000	LLP Number	003066	43				
Full Name of Limited Liability Partnership			1	AND	LEASEBAC	K	
Date of this return The information in this return is made up to			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	·		4 × 8	
Any change of registered office Show here the address as at the date of this return.  Post town		T DEVONSHIRE SQUARE CUTLERS GARDENS					
		LONDON					
	County			UK Postcode		4411	
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						
	County			UK Postcode			
riore where it is kept	List members o	on page 2					
	Certificate	As a designated mer true to the best of my			ion given in this	return is	
	Signed	1840 Scors	Nominor	Date	31/01/2	005	

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.



This return includes

Designated Member

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 for partnerships registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for partnerships registered in Scotland

or LP - 4 Edinburgh 2

DX 33050 Cardiff

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 corporate or firm name.	Surname or Corporate Name	SCOTTS NOMINEES LIMITED					
	Forename(s)						
†† Tick this box if the address shown	Address #	INVESTMENT HOUSE					
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		6 UNION ROW					
	Post town	ABERDEEN					
	County / Region	Postcode ABIO IDQ					
	Country	Tick box if designated member					
firm, give the regis- tered or principal office address.	ı						
	Member Reference Number *(as advised	Day Month Year  Day Month Year					
* Voluntary	by Companies House)						
information .							
	,						
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 corporate or firm name.	Surname or Corporate Name	SCOTTS SECRETARIAL SERVICES					
	Forename(s)	LIMITED					
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 or principal office address.	Address **	INUESTMENT HOUSE					
		6 UNION ROW					
	Post town	ABERDEEN					
	County / Region	Postcode ABIO I DQ					
	Country	Tick box if designated member					
		Day Month Year					
	Member Reference Number *(as advised by Companies House)	4603 Date of Birth					

\* Voluntary information

**Members**