



Please complete in typescript,  
or in bold black capitals.

CHWP000



# LLP363

## Annual Return of a Limited Liability Partnership

LLP Number

00308763

Full Name of Limited Liability Partnership

TEXCOTTON LLP

Date of this return

The information in this return  
is made up to

Day Month Year

2 8 0 7 2 0 1 0 1 5

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

2 8 0 7 2 0 0 6

Registered Office

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

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

6 th Floor No 32

Ludgate Hill

Post town

LONDON

County

ENGLAND

UK

Postcode

EC4M 7DR

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

N/A

County

UK

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

Date

28/07/2005

When you have signed the return send it  
with the fee to the Registrar of Companies.  
to

This return includes

2

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

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

for partnerships registered in Scotland

or LP - 4 Edinburgh 2

## Members

Please list members in alphabetical order

In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if 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.

☐

Details of new members must be notified on form LLP288a

|                           |                   |                               |                                     |
|---------------------------|-------------------|-------------------------------|-------------------------------------|
| Surname or Corporate Name | FILMAR SPA        |                               |                                     |
| Forename(s)               |                   |                               |                                     |
| Address ††                | VIA DE GASPERI 83 |                               |                                     |
|                           | ERBUSCO           |                               |                                     |
| Post town                 | BRESCIA           | 25030                         |                                     |
| County / Region           |                   | UK                            |                                     |
|                           |                   | Postcode                      |                                     |
| Country                   | ITALY             | Tick box if designated member | <input checked="" type="checkbox"/> |

Member Reference Number \*(as advised by Companies House)

36451

Date of Birth

| Day | Month | Year |
|-----|-------|------|
| N/A |       |      |

\* Voluntary Information

## Members

Please list members in alphabetical order

In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† Tick this box if 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.

☐

Details of new members must be notified on form LLP288a

|                           |                     |                               |                                     |
|---------------------------|---------------------|-------------------------------|-------------------------------------|
| Surname or Corporate Name | INTERYARN KKFT      |                               |                                     |
| Forename(s)               |                     |                               |                                     |
| Address ††                | ISTVAN UTCA 2.FSZ.6 |                               |                                     |
|                           | SZOBATHELY 9700     |                               |                                     |
| Post town                 |                     |                               |                                     |
| County / Region           | HUNGARY             | UK                            |                                     |
|                           |                     | Postcode                      |                                     |
| Country                   |                     | Tick box if designated member | <input checked="" type="checkbox"/> |

Member Reference Number \*(as advised by Companies House)

40434

Date of Birth

| Day | Month | Year |
|-----|-------|------|
| N/A |       |      |

\* Voluntary Information

Please complete in typescript,  
or in bold black capitals.

CHFP000

# LLP363 cont

## Annual Return (continuation sheet)

LLP Number

### Members (Please list members in alphabetical order)

In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.

Details of new members must be notified on form LLP288a

†† Tick this box if 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.

☐

|                           |  |                               |                                       |
|---------------------------|--|-------------------------------|---------------------------------------|
| Surname or Corporate Name | <input type="text" value="TG &amp; CY LIMITED"/> |                               |                                       |
| Forename(s)               | <input type="text"/>                             |                               |                                       |
| Address ††                | <input type="text" value="6th Floor No 32"/>     |                               |                                       |
|                           | <input type="text" value="Ludgate Hill"/>        |                               |                                       |
| Post town                 | <input type="text" value="LONDON"/>              |                               |                                       |
| County / Region           | <input type="text"/>                             | UK Postcode                   | <input type="text" value="EC4M 7DR"/> |
| Country                   | <input type="text" value="ENGLAND"/>             | Tick box if designated member | <input checked="" type="checkbox"/>   |

Member Reference Number \*(as advised by Companies House)

Date of Birth

|                                |                                  |                      |
|--------------------------------|----------------------------------|----------------------|
| Day                            | Month                            | Year                 |
| <input type="text" value="1"/> | <input type="text" value="N/A"/> | <input type="text"/> |

\* Voluntary information

### Members (Please list members in alphabetical order)

In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.

Details of new members must be notified on form LLP288a

†† Tick this box if 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.

☐

|                           |                      |                               |                          |
|---------------------------|----------------------|-------------------------------|--------------------------|
| Surname or Corporate Name | <input type="text"/> |                               |                          |
| Forename(s)               | <input type="text"/> |                               |                          |
| Address ††                | <input type="text"/> |                               |                          |
|                           | <input type="text"/> |                               |                          |
| Post town                 | <input type="text"/> |                               |                          |
| County / Region           | <input type="text"/> | UK Postcode                   | <input type="text"/>     |
| Country                   | <input type="text"/> | Tick box if designated member | <input type="checkbox"/> |

Member Reference Number \*(as advised by Companies House)

Date of Birth

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| Day                  | Month                | Year                 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

\* Voluntary information