LLP288a

(LLP Act 2000 Section 9)

Please complete in typescript, or in bold black capitals.
CHFP021

Appointment of a Member to a Limited Liability Partnership

(NOT for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c))

LLP Number Full Name of Limited Liability Partnership		OC309059	
		STRINGER SAUL LLP	
Date of appointment * Voluntary Member Reference Number * (As advised by Companies House) Peers or others Surname or known by a title may Corporate name.		Day Month Year 0 8 0 3 2 0 0 5 10 905 BOOTH	Day Month Year ate of birth 0 2 1 0 1 9 6 4
use the title instead of or in addition to their name	Corporate name Forename(s)	ALLISTAIR	
Usual residential address ^{††}		1 MOATLANDS FARM, WATERMANS LANE	
" Tick this box if the address shown is a service address	Post town		UK TIVLO CUD
for the beneficiary of a Confidentiality Order granted	County / Region	BRECHLEY	Postcode TN12 6ND Country UK
	esignated member te tick appropriate box)	YES I consent to act as a member of the ab	NO ove named limited liability partnership
residential address. In the case of a Concorporation, give the registered or		Box	Date 10-3-05
principal office address		Another Member being a Designated Membe below	
	Signed	Jealey Designated Member	Date 10-3-05
A40 *AQ7Q73IP* 0681 COMPANIES HOUSE 12/03/05 Form April 2002		STRINGER SAUL (REF: RJL)	
		17 Hanover Square, London W1S 1HU Tel 020 7917 8500	
		E-mail 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, for partnerships registered in Scotland	