

LLP Number Full Name of Limited Liability Partnership Date of this return The information in this return is made up to Date of next return on a date earlier than the anniversary of this return please show the date here. Any change of spittered office Show here the address as at the date of this return. Post town Form LLP287. Registered Office Show here the address as at the date of this return. Post town County Eucland Postcode Wilk 44 N Register of Debenture Holders If there is a register of pebenture Holders If there is a register of Debenture Ho	Please complete in typescript, or in bold black capitals.	Annual Return of a Limited Liability Partnership
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Companies House, Crown Way, Cardiff, CF14 3UZ

for partnerships registered in Scotland

0140 0616405

LLP COMPANIES HOUSE

for partnerships registered in England and Wales

Or

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

DX 33050 Cardiff

DX 235 Edinburgh

or LP - 4 Edinburgh 2

information

Members
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	Surname or/ Corporate Name	HEARN	
corporate or firm name.	Forename(s)	JAMES RICHARD	
# Tick this box if the address shown _	Address #		ROAD LONDON
is a service address for the beneficiary			
of a Confidentiality Order granted under section 723B of the	, Post town		
Companies Act 1985 otherwise, give your usual residen-	County / Region		Postcode Swig 3DN
tial address. In the case of a corpora-	Country	EUGRAND.	Tick box if designated member
tion or Scottish firm, give the regis- tered or principal	•		<u> </u>
office address.			
· · · · · · · · · · · · · · · · · · ·	Member Reference		Day Month Year
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* Voluntary information			
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Members			•
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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	Surname or Corporate Name	LESSER =	
corporate or firm name.	Forename(s)	CHARLES MAX	
** Tick this box if	Address #	MALLORY HOUSE	
the address shown is a service address for the beneficiary		RIVER KILLIANS	
of a Confidentiality Order granted under section 723B of the	Post town	PETERSHAM	
Companies Act 1985 otherwise, give your	County / Region	Remong.	Postcode Two 749
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tion or Scottish firm, give the registered or principal office address.		en de la companya de La companya de la co	
went cod.			Day Mark
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Please complete in typescript, or in bold black capitals.

LLP363 cont

CHFP000

Annual Return (continuation sheet)

	LLP Number	06309249				
Members (Please	e list members in alphat	petical 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	beown				
name is the corporate or firm name.	Forename(s)	STEPHEN ROCER				
** Tick this box if the	Address **	25 JASPER ROAD				
address shown is a service address for the beneficiary of a		BECKTON				
Confidentiality Order granted under section 723B of the	Post town	LONDON				
Companies Act 1985 otherwise, give your	County / Region	Postcode £16 3T2				
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Scottish firm, give the registered or principal office address.	•					
omor address.	Member Reference	Day Month Year				
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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	DE SAVARY				
name is the corporate or firm name.	Forename(s)	Jason Charles				
^{††} Tick this box if the address shown is a	Address #	ADDERONE, MANGE				
service address for the beneficiary of a Confidentiality Order granted under section 723B of the		SHREW TON				
	Post town	Salis Budy				
Companies Act 1985 otherwise, give your usual residential	County / Region	WILTSHIRE Postcode SP3 4EN				
address. In the case of a corporation or Scottish firm, give the registered or principal	Country	ENGLAND Tick box if designated member				
office address.		Davi Manula V an				
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Please list members	in alphabetical order			•	•			
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corporate or firm name.	Forename(s)	ADRIAN	GERONE		<i>lkhard</i>			
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Scottish firm, give the registered or principal office address.	Country	ENGLAND						
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* Voluntary information

Members

Please complete in typescript, or in bold black capitals.

LLP363 cont

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Annual Return (continuation sheet)

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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	LAMBERT					
name is the corporate or firm name,	Forename(s)	FLORENT					
†† Tick this box if the	Address ⁺⁺	4 MERILIES CLUSE					
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corporation or a Scottish firm, the name is the	Surname or Corporate Name	MAXGER					
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Member Reference
Number *(as advised by Companies House)

Day Month

Day Month

Day Month

* Voluntary information Year

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