

Please complete in typescript, or in bold black capitals.

CHWP000

LLP288a

(LLP Act 2000 Section 9)

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	OC 309306
Full Name of Limited Liability Partnership	BRASS HAT FILMS SLATE 2 LIMITED LABILITY PARTNERSHIP
Date of appointment * Voluntary Information (As advised by Companies House)	Day Month Year 05042005 Day Month Year Date of birth 13 911960
Peers or others known by a title may use the title instead of or in addition to their name Surname or Corporate name Forename(s)	MCG REGOR ROT
Usual residential address **	72 DOWNS WOOD
the address shown is a service address Post town for the beneficiary of a Confidentiality County / Region	EPSON DOWNS EPSON DOWNS ONE OF THE SULL SURREY Country U4
Order granted under section 723B of the Designated member Companies Act 1985 otherwise, give your usual residential Designated member (Please tick appropriate box)	YES NO I consent to act as a member of the above named limited liability partnership
address. In the case of a Consent signature corporation, give the registered or principal office address.	Another Member being a Designated Member must sign and date the form in the boxes tieldw. A BANY NOMNEES TO
Signed	DIRECTOR - PER J D CROFT 0 5 APR 2005 Designated Member
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information that you give will be visible to searchers of the public record.	Tel E-mail
#A9J6K473# 0139 COMPANIES HOUSE 06/04/05	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 for partnerships registered in Scotland DX 235 Edinburgh or LP - 4 Edinburgh 2