

Please complete form in typescript, or in bold black capitals. CHFP135

LLP363

Annual Return of a Limited Liability Partnership

	OC310	719												
Full Name of Limited		BV Est	ates LL	P										
Liability Partnership									-					
Date of this return		Day	Month		Year	•								
This information in this return is made up to		2 2	1 2	2	0 0	8								
	Date of next return	Day	Month		Year									
retu the a	u wish to make your next orn on a date earlier than anniversary of this return ease show the date here.									·				
Any change of registered office must be notified on	Registered Office Show here the address as at the date of	87 Tall	oot Stre	et										
Form LLP287	this return													
	Nottingham													
		Post						JK [de [NG1 5GN					
	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	Post town													
here where it is kept	County							Postco	JK de					
	List members on pag	e 2												
	As a designated member I certify that the information given in this return is true to the best of my knowledge and belief													
	Signed	Dasiasa	/\	~	<u> </u>		上	Date						
When you have signed the return send it with the fee to the Registrar of		Designa	ted Membe This		rn inclu	des		0		continuation sheets.				
		(enter number)												
AHSOO89C Registrar of Companies Hous for partnerships re Companies Hous						e completed and signed the form please send it to the mpanies at: buse, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff or registered in England and Wales or buse, 37 Castle Terrace, Edinburgh, EH1 2EB bus registered in Scotland DX 235 Edinburgh or LP – 4 Edinburgh 2								
10/03														

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	Surname or Corporate Name	ne										
corporate or firm name.	Forename(s)											
†† 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.	Address ++											
		17 Chapel Street										
	Post town	wn Grantham										
	County / Region		Po	NG32 1SQ								
	Country	United Kingdom Tick box if designated mem							er [√		
			1		Day		Mon	th	Υe	ar		
	ber Reference Number* d by Companies House)	43271	Date of	Birth	2 2	C	5	1	9	5	9	
Members Please list members In the case of a member that is a	in alphabetical order	Details of new members mu	ıst be not	ified :	on forr	n L	LP288	Ba .				
corporation or a Scottish firm, the name is the corporate or firm name.	Surname or											
	Corporate Name Forename(s)										· · · · ·	
†† Tick this box if the address shown is a	Address ††			· · · · · · · ·					-	•		
service address for the beneficiary of a Confidentiality Order							····-	-		•		
granted under section 723B of the Companies Act 1985	Post town											
otherwise, give your usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.	County / Region			P	UI ostcod							
	Country			Tick t	oox if de	sigr	nated n	nemb	er			
			~		Da	<u>y</u>	Мо	nth	Y	ear		
	ber Reference Number*		Date of	Birth								

* Voluntary information