



Please complete in typescript,
or in bold black capitals.

CHWP000

LLP Number

OC313113

Full Name of Limited
Liability Partnership

MOUNT STREET INVESTMENTS - SOF5 LLP

Date of this return

The information in this return
is made up to

Day Month Year
0 5 0 5 2 0 0 6

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
3 1 0 3 2 0 0 7

Registered Office

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

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

CONNAUGHT HOUSE, 1-3 MOUNT STREET

Post town

LONDON

County

UK
Postcode W1K 3NB

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

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

19 JUL 06.

When you have signed the return send it
with the fee to the Registrar of Companies.
Cheques should be made payable 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



10/03

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.**

Surname or Corporate Name

HARDGRAVE

Forename(s)

PAULA MARY

Address **

234 LAUDERDALE MANSIONS

LAUDERDALE ROAD

Post town

LONDON

County / Region

UK

Postcode

W9 1NQ

Country

UK

Tick box if designated member



Member Reference Number *(as advised by Companies House)

Date of Birth

Day Month Year

1	0	1	2	1	9	6	5
---	---	---	---	---	---	---	---

* 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.

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Surname or Corporate Name

NICHOLSON

Forename(s)

CHARLES DUMARESQ

Address **

20 BROOK GREEN

Post town

LONDON

County / Region

UK

Postcode

W6 7BL

Country

UK

Tick box if designated member



Member Reference Number *(as advised by Companies House)

Date of Birth

Day Month Year

1	3	1	2	1	9	5	2
---	---	---	---	---	---	---	---

* Voluntary information

Please complete in typescript,
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CHWP000

LLP363 cont

Annual Return (continuation sheet)

LLP Number OC313113

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	NICHOLSON		
Forename(s)	JULIET		
Address ††	20 BROOK GREEN		
Post town	LONDON		
County / Region		UK	Postcode W6 7BL
Country	UK	Tick box if designated member <input type="checkbox"/>	

Member Reference Number *(as advised by Companies House)

Date of Birth

Day	Month	Year
1	7	1
		9
		5
		3

* Voluntary information

Members (Please list members in alphabetical order)

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Details of new members must be notified on form LLP288a

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Surname or Corporate Name	SWISSINDEPENDENT TRUSTEES S.A.		
Forename(s)			
Address ††	7 RUE VERNONNEX		
	1207		
Post town	GENEVA		
County / Region		UK	Postcode
Country	SWITZERLAND	Tick box if designated member <input type="checkbox"/>	

Member Reference Number *(as advised by Companies House)

Date of Birth

Day	Month	Year

* 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	NAUCKHOFF
Forename(s)	CARL JOHAN
Address ††	30 LINCOLN PLAZA
	APARTMENT 29M, 30W 63RD STREET
Post town	NEW YORK
County / Region	UK NY 10023
Country	USA
	Tick box if designated member <input type="checkbox"/>

Member Reference Number *(as advised by Companies House)

Date of Birth

Day	Month	Year
1	3	06
1	9	75

* Voluntary information

Members

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Details of new members must be notified on form LLP288a	
Surname or Corporate Name	GOULDING
Forename(s)	RICHARD MICHAEL GEORGE
Address ††	54 CLONCURRY STREET
Post town	LONDON
County / Region	UK SW6 6DU
Country	UK
	Tick box if designated member <input type="checkbox"/>

Member Reference Number *(as advised by Companies House)

Date of Birth

Day	Month	Year
2	4	12
1	9	51

* Voluntary information

Please complete in typescript,
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CHWP000

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

Surname or Corporate Name	<input type="text" value="COOPER"/>
Forename(s)	<input type="text" value="ALLAN GEORGE"/>
Address ^{††}	<input type="text" value="14 WILMINGTON AVENUE"/>
	<input type="text"/>
Post town	<input type="text" value="LONDON"/>
County / Region	<input type="text"/>
Country	<input type="text" value="UK"/>
UK Postcode	<input type="text" value="W4 3HA"/>
Tick box if designated member <input type="checkbox"/>	

^{††} 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.

Member Reference Number ^{*(as advised by Companies House)}

Date of Birth

Day	Month	Year
<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="1"/>
<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
<input type="text" value="9"/>	<input type="text" value="5"/>	<input type="text" value="0"/>

* 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

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"/>
Country	<input type="text"/>
UK Postcode	<input type="text"/>
Tick box if designated member <input type="checkbox"/>	

^{††} 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.

Member Reference Number ^{*(as advised by Companies House)}

Date of Birth

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

* Voluntary information