

Please complete in typescript, or in bold black capitals.

CHWP000

## LLP288a

(LLP Act 2000 Section 9)

or LP - 4 Edinburgh 2

## Appointment of a Member to a Limited Liability Partnership

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

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LLP	Number	OC316486						
Full Name of Limited Liability Partnership		ECLIPSE FILM PARTNERS NO. 5 LLP						
ар	Date of pointment	Day Month	Year 2 0 0 6					
* Voluntary Member Reference N Information (As advised by Compan			<u> </u>	Date bi	Day of of firth 1 9	$\top$		Year 1 9 6 7
	urname or ate name	Potts						
	rename(s)	Christoph	er					
Usual residential address ***		Chart Vie	N					
Tick this box if the address shown is a		Westham Road						
	Post town	Oxted		P	ostcode		R	H8 0SN
Confidentiality County Order granted under section	/ Region	Surrey			Country	<del></del> -		
723B of the Designate Companies Act (Please tick ap 1985 otherwise,	d member propriate box)	YES	•		NO			
give your usual residential address. In the	nt signature	I consent to ac	Signed By mber of Films (Partnership	Services)	] _ [			
case of a CONSENT SIGNS corporation, give the registered or principal office		Another Member	Limited Power of A for Christopher Pot being a Designated	tts	Date nust sign ar	03 nd date t	04 he form	2006
address.	Signed	below.	. هاد		Date	03	04	2006
You do not have to give any co	_	Designated Memb	per		] <b>Duic</b> [_			2006
information in the box opposite you do, it will help Companies H	but if louse		76	<del></del>				
to contact you if there is a query on the form. The contact information  the second se		Tel						
		DX number DX exchange						
		When you have completed and signed the form please send it to the Registrar of Companies at:  Sompanies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff for partnerships registered in England and Wales						
		or Companies Ho	ouse, 37 Castle T s registered in S	errace, E				
						DX 23	5 Edin	burah