

Companies Flo	эикс		011	- ' '	Section 2	P2 LLP Act 2000)
Please complete in typescript,		Applica	tion for Inco	-		
or in bold black capitals. CHWP000			****	Liabi	iity Pa	rtnership
	ve this box blank	CC310	0832			
Full Name of Limited Liability Partnership Situation of Registered Office		CARLTON	PARTHERS	ШP		
		ENGLAND & WALES Insert "England and Wales", "Wales" or "Scotland"				
Registered Office Address Post town		BERGER HO	use			
		38 BERKEL	ey Saurce	•		
PO Box number only is not acceptable	County / Region	Tonoon		UK Postcode	ω 13	5AE
time be design	ers from time to ated members? embers overleaf)	YES	/	NO	listed mer	east two of the mbers must be ad members
Number of continuation sheets attached to this application for incorporation		I certify that I am a	i: (Please lick appropriate	e box)		
		Solicitor engaged in the formation of this LLP				
		Member named overleaf of the LLP				
		And that the two or more persons named overleaf are associated for carrying on a lawful business with a view to profit.				
	Signed	Steph	-Willia	Date	15/1	2/2005
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. **A3D6HBE2*** 633 COMPANIES HOUSE 21/12/2005		65 NEW CAVENDISH STREET				
		Lancon				
		WIG 745	Te	0207	467 (మం
		E-mail	<u></u>		•	
		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

Form April 2002

List of Members on	Incorporation					
Peers or others known by a title may use the title instead of or in addition to	Surname or Corporate name	TACE				
	Forename(s)	ANDREW STUART				
their name Member Reference Number * (as advised by Companies House)		Date of Day Month Year Birth 1 5 09 1957				
^{††} Tick this box if the address shown is a	tt Usual Residential Address (or registered or principal office address in the case of a corporation or	DIAL HOUSE				
service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	Post town	Graceway Comen				
	County / Region	Surrey UK Postcode Thi20 ODU				
	Country					
		1 consent to act as a member of the limited liability partnership named on page 1 (Please lick this box if consenting to act as a designated member)				
* Voluntary information	Signed	(Member to sign and date)				
Peers or others known by a title may use the title instead of or in addition to	Surname or Corporate name Forename(s)	STEPHEN MARK				
their name Member Reference Number * (as advised by Companies House)		Date of Day Month Year Birth 0 2 1 0 1 9 5 4				
1† Usual Residential Address (or registered or principal office address in the case of address shown is a a corporation or Scottish firm		48 WESTBOURNE PARK ROAD				
service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985	Post town					
	County / Region	Landan UK Postcode W2 5PH				
* Voluntary information	Country	I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member)				
	Signed	(Member to sign and date) Date 15/12/2005				

NOTE: Unless there are at least two designated members, all members will be designated members.

FILE COPY



CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC316832

The Registrar of Companies for England and Wales hereby certifies that CARLTON PARTNERS LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited.

Given at Companies House, Cardiff the 21 December 2005



