

102170/30 LLP363

Please complete in typescript, or in bold black capitals		Annual Return of a Limited Liability Partnership
CHFP001		
LLP Number Full Name of Limited Liability Partnership		OC317859
Clabili	ty Partileisiiip	
Date of this return The information in this return is made up to		Day Month Year
		1 6 0 2 2 0 0 8
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
	istered Office here the address	95 The Promenade
	as at the date of this return	
	Post town	Cheltenham
	County	Glos UK Postcode GL50 1HH
	Register of	
Debenture Holders		
If there is a register of debenture holders, or a		
duplicate of any such register or part of it,	Post town	
which is not kept at the registered office, state	County	UK
here where it is kept	List members o	
		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
When you have signed the return send it with the fee of £35 to the Registrar of		
	oh- made	(enter number)
AOZEJXDG		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

Form April 2002 CHAD 16/07/2002

20/02/2008

COMPANIES HOUSE

451

DX ED235 Edinburgh

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Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for partnerships registered in Scotland

Members

Please list members in alphabetical order

In the case of a member that is a		Latara Universal Associates 5 A		
corporation or a Scottish firm, the name is the	Surname or Corporate Name			
corporate or firm name	Forename(s)			
th 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 residen- tial address In the case of a corpora- tion or Scottish firm, give the regis-	Address ^{††}	Pasea Estate		
	Post town	Road Town		
	County / Region	Tortola	Postcode	
	Country	British Virgin Islands	Tick box if designated member	
tered or principal office address				
	Member Reference		Day Month Year	
* Voluntary	Number * (as advised by Companies House)	69530	Date of Birth	
information				
Members Please list members	s in alphabetical order			
In the case of a member that is a corporation or a		Details of new members in	nust be notified on form LLP288a	
Scottish firm, the name is the corporate or firm name	Surname or Corporate Name	Vedette International Inc		
	Forename(s)			
th 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 #	Pasea Estate		
	Post town	Road Town		
	County / Region	Tortola	UK Postcode	
address In the case of a corpora- tion or Scottish firm, give the registered or principal office address	Country	British Virgin Islands	Tick box if designated member	
	Member Reference		Day Month Year	
	Number * (as advised by Companies House)	69531	Date of Birth	
* Voluntary information				