

Please complete in typescript, or in bold black capitals. CHWP000

Change of Particulars of a Member of a Limited Liability Partnership (to appoint a member use Form LLP288a to terminate membership use Form LLP288b)

| Sections A & D must   | <b>be completed</b> , Sec                                  | tions B & C to be completed as a   | ppropriate     |                |
|---|--|--|----------------|----------------|
| A Current Details (to be completed in all cases)  | LLP Numbe  | 00321208   |                |                |
| •   | ame of Limited   | LOWNDES PARTNERS, LLP  |                |                |
| Liability Partnership   |  |  |                |                |
|   | members name<br>(complete in all cases)                    |  | IE GREE        | 2              |
| Member Reference Number *   |  |  | 1 ·            | Day Month Year |
|   | by Companies House)  |  | Date of Birth  | 25051959       |
| Data of change  |  | Day Month Year   |                |                |
|   | e of particulars<br>ntered in all cases                    |  |                |                |
| B Change of status of member  | ·  | The person named above is no appropriate) of the above name                                |                |                |
| J   | •  | I consent to act as a member o   | ·              |                |
| Cor   | nsent Signature<br>(only sign if change<br>of designation) | A J Gree   | Date           | 23. 1.09       |
| Change of name (enter new name)   | Full name or<br>Corporate name                             |  |                |                |
| Peers or others known by a title<br>may use the title instead of or<br>n addition to their name   |  | 5 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1  |                |                |
| Change of   | Usual Residential Address #                                | -  | ,              |                |
| Iddress<br>enter new address)   |  |  |                |                |
| T Only tick this ox if the address hown is a service  | Post town  |  |                |                |
| ddress for the beneficiary of<br>Confidentiality Order  | County / Region  |  | UK<br>Postcode |                |
| ranted under the provisions<br>I section 723B of the<br>ompanies Act 1985   | Country  |  |                |                |
|   |  | Another Member being a Designated Member must sign and date the form in the boxes below.   |                |                |
| (to be completed in all cases   | Signed   | dula Oc  | Date           | 23-1-09        |
| You do not have to give any contact information in the box opposite but if you to, it will help Companies House to ontact you if there is a query on the form. The contact information that you ive will be visible to searchers of the |  | Designated Member  |                |                |
|   |  |  |                |                |
|   |  | ·<br>•   | <del></del>    | ¥.             |
|   |  | Tel  | <del>,-</del>  |                |
|   |  | DX number DX exchange  |                |                |
|   | 1 <b>4 8 11 8 1 8 1 8 1 8 1 8 1 1 1 8 8 1</b> 1            | hen you have completed and signed the form please send it to the egistrar of Companies at: |                |                |



A63 27/01/2009 COMPANIES HOUSE

Companies House, Crown Way, Cardiff, CF14 3UZ for partnerships registered in England and Wales or Companies House, 37 Castie Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for partnerships registered in Scotland

DX 33050 Cardiff

or LP - 4 Edinburgh 2