

1000627.

LLP363

Please complete form in typescript,
or in bold black capitals.
CHFP135

Annual Return of a Limited Liability Partnership

LLP Number

Full Name of Limited Liability Partnership

Date of this return Day Month Year
This information in this return is made up to

Date of next return Day Month Year
If you wish to make your next return on a date earlier than the anniversary of this return please show the date here.

Any change of registered office must be notified on Form LLP287

Registered Office Show here the address as at the date of this return

Post town

County UK Postcode

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 Date

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

This return includes 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, 139 Fountainbridge, Edinburgh, EH3 9FF
For partnerships registered in Scotland DX 235 Edinburgh
or LP - 4 Edinburgh 2

WEDNESDAY



A17 *AZYSMDB9* 200
16/09/2009
COMPANIES HOUSE

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	Nomina Designated Member No. 1 Limited		
Forename(s)			
Address ††	85 Gracechurch Street		
Post town	LONDON		
County / Region		UK Postcode	EC3V 0AA
Country		Tick box if designated member	<input checked="" 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	Nomina Designated Member No.2 LLP		
Forename(s)			
Address ††	85 Gracechurch Street		
Post town	LONDON		
County / Region		UK Postcode	EC3V 0AA
Country		Tick box if designated member	<input checked="" 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

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Details of new members must be notified on form LLP288a

Surname or Corporate Name	Adair		
Forename(s)	Robert Fredrik Martin		
Address ††	Cowesby Hall		
	Cowesby		
Post town	Nr Thirsk		
County / Region	North Yorkshire	UK Postcode	YO7 2JJ
Country	UK	Tick box if designated member	<input type="checkbox"/>

Member Reference Number*
(as advised by Companies House)

Date of Birth

Day Month Year

02	11	1956
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* Voluntary information

Members

Please list members in alphabetical order

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Details of new members must be notified on form LLP288a

Surname or Corporate Name			
Forename(s)			
Address ††			
Post town			
County / Region		UK Postcode	
Country		Tick box if designated member	<input type="checkbox"/>

Member Reference Number*
(as advised by Companies House)

Date of Birth

Day Month Year

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* Voluntary information