

Companies House

— for the record —

**COMPANIES HOUSE** 

Please complete in typescript,

a

## **LLP363**

**Annual Return of a Limited** 

or in bold black ca	apitals.	Liability Partnership
CHWP000	LLP Number	OC322450
	ıll Name of Limited iability Partnership	
	Date of this return ne information in this return is made up to	1 8 0 9 2 0 0 9
If you retu the a	Date of next return wish to make your next rn on a date earlier than unniversary of this return ase show the date here.	Day Month Year
Any change of SI	Registered Office Show here the address	THREE RIVERS HOUSE
registered office must be notified on Form LLP287.	as <b>at the date of</b> this return.	ARREV WOODS BLISHESS DADY DITY AS
rom LEI Lor.	Post town	DURHAM
	County	Postcode DH1 5TG
ι	Register of Debenture Holders	
If there is a register debenture holders, o duplicate of any su register or part of which is not kept at tregistered office, state there where it is kept	r a ech Post town it, the County	
·	List members of	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	Designated Member Date 22/09/09
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to		I his return includes 1 continuation sheets.
*AT9FFDK3*		When you have completed and signed the form please send it to the Registrar of Companies at:  Companies House, Crown Way, Cardiff, CF143UZ  for partnerships registered in England and Wales  Companies House, 139 Fountainbridge Edinburgh, EH3 9FF  DX 235 Edinburgh or LP - 4 Edinburgh

Please list members	s in alphabetical order	
In the case of a member that is a corporation or a Scottish firm, the name is the		Details of new members must be notified on form LLP288a
	Surname or Corporate Name	SOUTH YORKSHIRE HOUSING ASSOCIATION
corporate or firm name.	Forename(s)	
<sup>††</sup> Tick this box if the address shown	Address **	43-47 WELLINGTON STREET
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-		
	Post town	SHEFFIELD
	County / Region	S.YORKS.  UK Postcode S14 1YF
tial address. In the case of a corpora-	Country	Tick box if designated member
tion or Scottish firm, give the regis- tered or principal office address.		
		Day Month Year
	Member Reference Number *(as advised by Companies House)	Date of Birth
* Voluntary information	by Companies House)	
	s in alphabetical order	
In the case of a member that is a corporation or a		Details of new members must be notified on form LLP288a
Scottish firm, the name is the	Surname or Corporate Name	TEES VALLEY HOUSING GROUP LTD
corporate or firm name.	Forename(s)	
<sup>††</sup> Tick this box if	Address **	63 NORTH ORMESBY ROAD
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		
	Post town	MIDDLESBOROUGH
	County / Region	UK Postcode TS4 2AF
	Country	Tick box if designated member
address.		Barra Maratha War
	Member Reference Number *(as advised	Day Month Year  Date of Birth
•	by Companies House)	

Members

\* Voluntary information

Please complete in typescript, or in bold black capitals.

## LLP363 cont

CHWP000

04/02

## **Annual Return (continuation sheet)**

	LLP Number	OC 322450
Members (Please	۱ list members in alphat	
In the case of a		Details of new members must be notified on form LLP288a
member that is a corporation or a Scottish firm, the name is the corporate or firm name.	Surname or Corporate Name	THREE RIVERS HOUSING ASSOCIATION LTD
	Forename(s)	
	Address #	THREE RIVERS HOUSE
**Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order		ABBEYWOODS BUSINESS PARK, PITY ME
	Post town	DURHAM
granted under section 723B of the Companies Act 1985	County / Region	UK Postcode DH1 5TG
otherwise, give your usual residential address. In the case	Country	Tick box if designated member
of a corporation or Scottish firm, give the registered or principal office address.	L	
	Member Reference Number *(as advised by Companies House)	Day Month Year  Date of Birth
* Voluntary information		
Members (Please	list members in alphab	petical order)
In the case of a member that is a		Details of new members must be notified on form LLP288a
corporation or a Scottish firm, the name is the	Surname or Corporate Name	YORKSHIRE HOUSING
corporate or firm name.	Forename(s)	
<sup>††</sup> Tick this box if the address shown is a	Address **	YORKSHIRE HOUSE
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.		6 INNOVATION CLOSE, HESLINGTON
	Post town	YORK
	County / Region	Postcode YO10 5ZF
	Country	Tick box if designated member
		Day Month Year
	Member Reference	

Please list members	in alphabetical order	
In the case of a member that is a corporation or a Scottish firm, the	Surname or	Details of new members must be notified on form LLP288a
name is the	Corporate Name	
corporate or firm name.	Forename(s)	
†† Tick this box if the	Address **	
address shown is a service address for		
the beneficiary of a Confidentiality Order		
granted under section 723B of the Companies Act 1985	Post town	
otherwise, give your usual residential	County / Region	UK Postcode
address. In the case of a corporation or Scottish firm, give the registered or principal office address.	Country	Tick box if designated member
* Voluntary information	Member Reference Number *(as advised by Companies House)	Day Month Year  Date of Birth
<b>Members</b> Please list members	in alphabetical order	
In the case of a member that is a corporation or a		Details of new members must be notified on form LLP288a
Scottish firm, the name is the	Surname or Corporate Name	
corporate or firm name.	Forename(s)	
<sup>††</sup> Tick this box if the address shown is a	Address #	
service address for the beneficiary of a Confidentiality Order granted under section 723B of the	Post town	
Companies Act 1985 otherwise, give your	,	UK
usual residential address. In the case of a corporation or Scottlsh firm, give the registered or principal office address.	County / Region	Postcode
	Country	Tick box if designated member
	Member Reference	Day Month Year
	Number *(as advised	Date of Birth
	hy Companies House)	<del></del>

Members

\* Voluntary information

Page 2