

NM

## LLP363

Please complete in typescript, or in bold black capitals.	Annual Return of a Limited Liability Partnership
CHFP010 LLP Number	OC322533
Full Name of Limite Liability Partnershi	
Date of this return The information in this return made up	is 2,00,92,0,0,7
Date of next return on date earlier than the anniversary of the return please show the date her	a is
Registered Office Show here the address at the date of this reture	
Any change of registered Post tov office must be notified on	/n London
form LLP287. Cour	ty UK Postcode EC2Y 8HQ
Register of Debenture Holder	s
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 post tow office, state here where it is kept.	/n UK
. Cour	ty Postcode
List men	bers on page 2
Certifica	As a designated member I certify that the information given in this return is true to the best of my knowledge and belief.
Signe When you have signed the return send it with the fee to the Registrar of Companie Cheques should be made payable to	

\*LA1KS7CR\* LD2 13/02/2009 COMPANIES HOUSE

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

ers in alphal	betical order.	Dataile of annual particular and the additional and form 11 D200a
nember that Scottish fire	n. Surname or	Details of new members must be notified on form LLP288a  MECM, Limited
the name is the corporate or firm name.	Corporate Name	Hadri, Hamiled
	Forename(s)	
†† Tick this box if the address shown is a	Address ††	c/o Hackwood Secretaries Limited, One Silk Street
service address for the beneficiary of a Confidentiality Order		
granted under section 723B of the	Post town	London
Companies Act 1985 otherwise, give your usual residential	County / Region	Postcode EC2Y 8HQ
address. In the case of a corporation or	Country	Tick box if designated member X
Scottish firm, give the registered or principal office address.		,
		Day Month Year
	Reference Number *(as d by Companies House)	Date of Birth
* Voluntary Information		
Members		
Please list members in alpha In the case of a member that		Details of new members must be notified on form LLP288a
a corporation or a Scottish fire the name is the corporate or		Moore Financial Services, Inc
firm name.	Forename(s)	
†† Tick this box if the address shown is a	Address ††	1251 Avenue Of The Americas
service address for the beneficiary of a		
Confidentiality Order L granted under section 723B of the	Post town	NEW YORK
Companies Act 1985 otherwise, give your	County / Region	UK Postcode NY10020
usual residential address. In the case of a corporation or	Country	USA Tick box if designated member x
Scottish firm, give the registered or principal		
office address.		Day Month Year
	Reference Number *(as ed by Companies House)	Date of Birth
* Voluntary Information		

