

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

10/03

002922/60

## LLP363

Annual Return of a Limited Liability Partnership

LLP Number	OC322						-		
Full Name of Limited	Amber	Capita	ΙUΚ	LLP					
Liability Partnership									
Date of this return	Day	Monti	1	Yea		_			
This information in this return is made up to	2 2	0 9	2	0 0	9				
Date of next return	Day	Month	1	Yea	r				
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 Show here the address	IO BIO	ok Stre	et		-	<u> </u>			
must be notified on as at the date of Form LLP287 this return	1								
Post town	Londo	n							
County				-			Postco	JK [	W1S 1BG
								_	
Register of Debenture Holders									
If there is a register of debenture holders, or a					- <u></u>				
duplicate of any such register or part of it, which is not kept at the registered office, state  Post town									
here where it is kept  County							l Postco	JK de [	
List members on pa	ge 2								
Certificate		esignat the bea		nember	I cert	ify that t e and b	he inform elief	atior	given in this return is
Signed	1	V U		cres	erice ^	LLP	Date	12	/10/09
When you have signed the return send it with the fee to the Registrar of	Designa	ted Mem Thi		urn inc	ludes		0		continuation sheets.
Channes should be made						(enter r	number)		
*AO0ZHE3V* A12 14/10/2009 73 COMPANIES HOUSE	Regis Comp for pa Comp	trar of C panies I rtnershi panies I	Comp Hous ps re Hous	oanies se, Cro egistere se, 139	at: own Wed in to Four	<b>/ay, Car</b> England	diff, CF1 and Wale dge, Edir	4 3U s	ISE SEND IT TO THE  IZ DX 33050 Cardiff  or gh, EH3 9FF  DX 235 Edinburgh or LP – 4 Edinburgh 2

Please list members	s in alphabetical order										
In the case of a member that is a corporation or a	_ r	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)										
†† Tick this box if the address shown is a	Address ††	10 Brook Street									
service address for the beneficiary of a Confidentiality Order					<del></del>						
granted under section 723B of the Companies Act 1985	Post town	London	-								
otherwise, give your usual residential address. In the case	County / Region	Postcode W1S 1BG									
of a corporation or Scottish firm, give the registered or principal office	Country		if desig	lesignated member							
address.					Day	Mont	h '	Year			
Member Reference Number*			Date of Bi	irth			··				
* Voluntary information	ed by Companies House)			L							
momaton											
Members Please list member	s in alphabetical 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	Fretigne									
corporate or firm name.	Forename(s)	Gilles									
†† Tick this box if the address shown is a	Address ††	119 Barkston Gardens									
service address for the beneficiary of a Confidentiality Order											
granted under section 723B of the Companies Act 1985	Post town	London									
otherwise, give your usual residential address. In the case	County / Region		-	Pos	UK stcode	SW5 (	)EX				
of a corporation or Scottish firm, give the registered or principal office	Country	United Kingdom	1	rick bo	x if desi	gnated m	nember	<b>√</b>			
address.					Day	Mor	ath	Year			
	mber Reference Number*		Date of E	3irth	Day 2 6	0 9	$\overline{}$	9 6			
(as advis	ed by Companies House)	1			-	1	1				

<sup>←</sup> Members

\* Voluntary information