

LLP288a

LLP Act 2000 Section 9)

DX 235 Edinburgh or LP - 4 Edinburgh 2

Appointment of a Member to a Limited Liability Partnership

Please complete in typescript,	Liability Partnership T for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c))
chfP010 LLP Number	OC325227
Full Name of Limited Liability Partnership	SPECIAL SITUATIONS III LLP
Date of appointment * Voluntary Member Reference Number * Information (As advised by Companies House) Peers or others Surname or known by a title may use the title instead of or in addition to Forename (a)	Day Month Year 0 8 0 1 2 0 0 7 Day Month Year Date of Birth FF&P 2003 INVESTOR 5 LLP
their name	
the address shown is a service	Ely House, 37 Dover Street
address for the beneficiary of a Post town Confidentiality Order granted under section County / Region	London UK Postcode W1S 4NJ Country
723B of the Companies Act 1985 otherwise, give your usual residential address in the case of a Designated member (Please tick appropriate box)	YES X NO
corporation, give the registered or principal office address	I consent to act as a member of the above named limited liability partnership
Consent signature	Another Member being a Designated Member must sign and date the form in the boxes
Signed	Date 7,9.07
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form The contact information that you give will be visible to searchers of the public	Ms C E S Stone, Fleming Family & Partners Limited, Ely House, 37 Dover Street, London, W1S 4NJ Tel 020 7409 5696
record	DX number DX exchange
ALPVOSSN A07 08/09/2007 452 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

Form October 2003