

Please complete in typescript,

LLP363

Annual Return of a Limited

or in bold black	c capitals		Liability Partnership	
CHWP000	LLP Ni	umber	OC325937	
	Full Name of Li Liability Partne		Lawrence Anglomedical LLP	
	Date of this	return		
th	Date of next you wish to make yo eturn on a date earl e anniversary of thi please show the da	our next lier than s return		
Any change of registered offic must be notified o		odress	C/O RM Company Services Limited, Invision House, Wilbury Way,	
Form LLP287	Po	st town	Hitchin	
		County	Herts UK Postcode SG4 0TW	
	Regis Debenture Ho	iter of piders		
If there is a regis debenture holders duplicate of any register or part which is not kept registered office, here where it is kep	i, or a such Po of it, at the state	est town County	UK Postcode	
nore whate it is not		ibers o	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		igned	Mouth on Roya, W Date 12/hil y/(2)	
with the fee to th	signed the return e Registrar of Corr ld be made paya	panies	This return includes continuation sheets (anter number)	
**	ZT3MZQX*	5.1	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 Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh or LP - 4 Edinburgh	
	15/05/2008	51	Page 1	

RM

COMPANIES HOUSE

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	Lawrence Trading LC			
corporate or firm name	Forename(s)				
11 Tick this box if the address shown	Address **	520S &th Street, Surte C			
is a service address for the beneficiary of a Confidentiality					
Order granted under section 723B of the Companies Act	Post town	Las Vegas			
1985 otherwise, give your usual realden- tial address. In the	County / Region	Nevada 89101	Postcode		
case of a corpora- tion or Scottish firm, give the regis- tered or principal office address.	Country	USA	Tick box if designated member		
	Member Reference Number *(as advised by Companies House)	Date	Day Month Year a of Birth 117 44 7 144		
* Voluntary information	, , ,				
Members Please list members	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	Nexus International Trading Ltd			
corporate or limi name	Forename(s)				
** Tick this box if	Address #	520 S 7th Street, Suite C			
is a service address for the beneficiary of a Contidentiality					
Order granted under section 723B of the	Post town	Las Vegas] UK		
Companies Act 1985 otherwise, give your usual residential	County / Region	Nevada, NV 89101	Postcode (
address, in the case of a corpora- tion or Scottish firm, give the registered or principal office address.	Country	USA	Tick box if designated member		
	Member Reference		Day Month Year		
	Number *(as advised by Companies House)	Date	1909300G		
* Voluntary	•				

information