

Please complete in typescript,

— for the record —

001228/60

LLP363

Annual Return of a Limited

| or in bold black (| capitals. | | | Liabili | ty Partnership |
|--|--|--|------------------|----------------|---------------------------------|
| CHWP000 | LLP Number | OC326396 | | | |
| | ull Name of Limited Liability Partnership | A:M RESIDENTIAL CLEAR | NING SERV | ICES LLP | |
| 1 | Date of this return The information in this return is made up to | Day Month Year 0 1 0 3 2 0 0 | 9 | | |
| ret the | Date of next return or wish to make your next urn on a date earlier than anniversary of this return ease show the date here. | Day Month Year | | | |
| Any change of registered office must be notified on Form LLP287. | Registered Office Show here the address | UNIT 1 HOWBURY TECHNOLOGY CENTRE | | | |
| | as at the date of this return. | TEXCEL BUSINESS PARK, THAMES ROAD | | | |
| | Post town | CRAYFORD | | | |
| | County | KENT | | UK Postcode | DA1 4RQ |
| | Register of Debenture Holders | | | | |
| f there is a registe lebenture holders, luplicate of any s egister or part o which is not kept at egistered office, s ere where it is kept | or a uch Post town f it, | | | UK Postcode | |
| , | List members o | n page 2 | | | |
| | Certificate | As a designated member I true to the best of my know | | | on given in this return is |
| Signed | | Quelle | | Date | 20-MAY-09 |
| | | Designated Member | | | |
| When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House. | | This return includes | 1 (enter numb | | uation sheets. |
| | | When you have completed Registrar of Companies at: | ; | | ase send it to the DX 33050 Ca |

for partnerships registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for partnerships registered in Scotland

or LP - 4 Edinburgh 2

| Members Please list members | s in alphabetical order | | | | | |
|---|--|---|--|--|--|--|
| In the case of a member that is a corporation or a | a maiphaballadi aradi | Details of new members must be notified on form LLP288a | | | | |
| Scottish firm, the name is the | Surname or Corporate Name | A:M CLEANING & MAINTENANCE SERVICES LTD | | | | |
| corporate or firm name. | Forename(s) | | | | | |
| ** Tick this box if the address shown | Address ** | UNIT 1HOWBURY TECHNOLOGY CENTRE | | | | |
| is a service address for the beneficiary | | TEXCEL BUSINESS PARK, THAMES ROAD | | | | |
| of a Confidentiality Order granted under section 723B of the Companies Act | Post town | CRAYFORD | | | | |
| 1985 otherwise, give your usual residen- | County / Region | KENT UK Postcode DA1 4RQ | | | | |
| tial address. In the case of a corpora- tion or Scottish | Country | ENGLAND Tick box if designated member | | | | |
| firm, give the regis- tered or principal office address. | | | | | | |
| * Voluntary | Member Reference Number *(as advised by Companies House) | Day Month Year Date of Birth | | | | |
| Members Please list members | 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 | MATTHEWS | | | | |
| corporate or firm name. | Forename(s) | KEITH | | | | |
| ^{††} Tick this box if | Address # | 43 OLIVERS MILL | | | | |
| 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 | | NEW ASH GREEN | | | | |
| | Post town | LONGFIELD | | | | |
| | County / Region | KENT UK Postcode DA3 8RF | | | | |
| | Country | ENGLAND Tick box if designated member | | | | |
| address. | | | | | | |
| | Member Reference | Day Month Year 96720 Date of Birth 2 , 1 0 , 2 1 , 9 , 7 , 1 | | | | |
| *** | Number *(as advised by Companies House) | 96720 Date of Birth 2 1 0 2 1 9 7 1 | | | | |
| * Voluntary | | | | | | |

information

Please complete in typescript, or in bold black capitals.

LLP363 cont

CHWP000

04/02

Annual Return (continuation sheet)

| | LLP Number | OC326396 | | | | |
|---|--|---|--|--|--|--|
| Members (Please | e list members in alpha | betical 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 | Surname or Corporate Name | MATTHEWS | | | | |
| name is the corporate or firm пате. | Forename(s) | CLAIRE | | | | |
| ^{††} Tick this box if the | Address tt | 43 OLIVERS MILL | | | | |
| address shown is a service address for the beneficiary of a | | NEW ASH GREEN | | | | |
| Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your | Post town | LONGFIELD | | | | |
| | County / Region | KENT UK Postcode DA3 8RF | | | | |
| usual residential address. In the case of a corporation or Scottish firm, give the | Country | ENGLAND Tick box if designated member | | | | |
| registered or principal office address. | | | | | | |
| | Member Reference Number *(as advised by Companies House) | 96723 Date of Birth 1 2 0 4 1 9 7 5 | | | | |
| * 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 | 1 | | | | |
| corporate or firm name. | Forename(s) | | | | | |
| ^{††} 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 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. | | | | | | |
| | Post town | | | | | |
| | County / Region | Postcode | | | | |
| | Country | Tick box if designated member | | | | |
| | Mamba-Defess | Day Month Year | | | | |
| * Voluntary | Member Reference Number *(as advised | | | | | |
| information | by Companies House) | | | | | |

| Sumame or Corporate Name Forename(s) | Details of new members must be notified on form LLP288a | | | |
|--|---|--|--|--|
| | | | | |
| Address # | | | | |
| Addiess | | _ | | |
| | | | | |
| Post town | | | | |
| County / Region | UK | | | |
| | Tisk box if designated member | | | |
| Country | Tick box it designated member | | | |
| Member Reference | Day Month Year Date of Birth | | | |
| Companies House) | | | | |
| phabetical order | | | | |
| | Details of new members must be notified on form LLP288a | | | |
| Surname or | | | | |
| • | | | | |
| Forename(s) | | | | |
| Address ** | | | | |
| | | | | |
| Post town | | | | |
| County / Region | UK Postcode | | | |
| Country | Tick box if designated member | | | |
| Member Reference | | | | |
| | County / Region Country Member Reference Imber *(as advised Companies House) Companies House) Sumame or Corporate Name Forename(s) Address †† Post town Country / Region Country | Post town Country / Region Country Tick box if designated member Day Month Year Date of Birth Da | | |

Members

* Voluntary information

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