

233183/30

LLP363

Annual Return of a Limited

Please complete in typescr or in bold black capitals.	ipt,	Liability Partnership
CHFP010 LL	.P Number	OC328786
Full Name Liability P	of Limited artnership	NAUIOKAS PARK LLP
The information in	made up to next return ext return on a versary of this	Day Month Year 0 4 0 6 2 0 0 9 Day Month Year
Registered Office Show here the address as at the date of this return.		16 OLD BAILEY
Any change of registered office must be notified on form LLP287.	Post town County	LONDON UK Postcode EC4M 7EG
Register of Debentu If there is a register of debenture	re Holders	
holders, or a duplicate of any such register or part of it, which is not kept at the registered office, state here where it is kept.	Post town	UK
	County	Postcode
	List membe	ers 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.
When you have signed the rewith the fee to the Registrar of Cheques should be made pa	of Companies.	Date 1 Continuation sheets.

A05 23/06/2009 **COMPANIES HOUSE**

Companies House.

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(enter number) 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

Members Please list members in alpl	habetical order.	Data ila af annum ambara must ba matificad an form I I D000
In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.	firm, Surname or	Details of new members must be notified on form LLP288a PARK PARADIGM LIMITED
	Forename(s)	
tt Tick this box if 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	Address ††	16 OLD BAILEY
	Post town	LONDON
	County / Region	Postcode EC4M 7EG
	Country	Tick box if designated member x
registered or principal office address.		
Member Reference Number *(as		Day Month Year Date of
advised by Companies House) * Voluntary Information		Birth Birth
Members Please list members in alpl		Details of new members must be notified on form LLP288a
a corporation or a Scottish the name is the corporate of	firm, Surname or	PARK
firm name.	Forename(s)	SEAN MACLISE
†† Tick this box if 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 ††	AVE DE L'AMANDOLIER, 19
	Post town	1208 GENEVA
	County / Region	Postcode
address. In the case of a corporation or Scottish firm, give the	Country	SWITZERLAND Tick box if designated member x
registered or principal office address.		Day Month Year
Member Reference Number *(as advised by Companies House)		Date of 2 2 0 9 1 9 6 8
* Voluntary	, ,,	

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