

Please complete in typescript, or in bold black capitals. CHWP000

Form April 2002

(Section 2 LLP Act 2000)

Application for Incorporation of a Limited Liability Partnership

Please leave this box blank	00309111
Full Name of Limited Liability Partnership	
Situation of Registered Office	Carran And Hours
Registered Office Address	200 FLOUR REAR, 19 BERKELEY STREET
Post town	London
PO Box number County / Region only is not	UK Postcode WI J 8ED
Will all Members from time to time be designated members?	YES If no, at least two of the listed members must be designated members
(List members overleaf) Number of continuation sheets attached to this application for	
incorporation	I certify that I am a. (Please tick appropriate box)
	Solicitor engaged in the formation of this LLP
	Member named overleaf of the LLP And that the two or more persons named overleaf are associated for carrying on a lawful business with a view to profit.
	Carrying Ort a gental Submices with a view to profit
Signed	Bate 4/7/2007
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	Tel
Public record *A45AKR48* 770 1007/2007 321	/hen you have completed and signed the form please send it to the egistrar of Companies at
COMPANIES HOUSE	ompanies House, Crown Way, Cardiff, CF14 3UZ DX 33050 Cardiff r partnerships registered in England and Wales or ompanies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX ED235 Edinburgh

List of Members o	n Incorporation	·
Peers or others known by a title may	Sumame or Corporate name	SUNLIGHT PROJECT FINANCE LIMITED
of or in addition to	Forename(s)	
their name Mem	ber Reference Number *	Date of Day Month Year
	(as advised by Companies House)	Birth
	^{††} Usual Residential	
It Tick this have of the	Address (or registered or	2ND PLOUR KEAR 19 BERKELEY STREET
^{††} Tick this box if the address shown is a	principal office address in the case of a corporation or	
service address for		
the beneficiary of a Confidentiality Order	Post town	Landon
granted under the provisions of section	County / Region	Postcode WIJ SED
723B of the Companies Act 1985		Postcode V70 6E9
Companies Act 1900	Country	CNGLAND
		I consent to act as a member of the limited liability partnership named on page 1
		(Please tick this box if consenting to act as a designated member)
* Voluntary Information	Signed	Date 4/7/2007
		(Member to sign and date)
Peers or others	Surname or Corporate name	CITYGROVE MANAGEMENT SERVICES ALP
known by a title may use the title instead	Forename(s)	
of or in addition to their name	· cromania(e)	
	er Reference Number *	Date of Day Month Year
•	(as advised by Companies House)	Birth
# Us	ual Residential Address լ	
†† Tick this box if the	(or registered or principal	THE WHITE HOUSE, 2 MEAD ROW
address shown is a	office address in the case of a corporation or Scottish firm	
service address for the beneficiary of a		
Confidentiality Order	Post town	GODALMING
granted under the provisions of section		UK (C. 7) 2100.
723B of the Companies Act 1985	County / Region	SURREY Postcode GU 7 3HN
* Voluntary	Country	ENGLANI)
information	·	Leaguest to get as a member of the limited liability partnership named as
		I consent to act as a member of the limited liability partnership named on page 1
		(Please tick this box if consenting to act as a designated member)
	Signed	10h, 8000, Date 4171200
	·	(Member to sign and date)

NOTE Unless there are at least two designated members, all members will be designated members

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LLP2 cont

Full Name of Limited Liability Partnership		CHARTERGROVE PROPERTY SOLUTIONS LLP
	on Incorporation	
Peers or others known by a title m use the title instea of or in addition to their name	•	GOWARDS
	<u> </u>	TIM
	ember Reference Number * (as advised by Companies House)	Date of Day Month Year O 1 2 9 5 8
	sual Residential Address †† (or registered or principal office address in the case of a	LABBOTSWOOD DRIVE
11 Tick this box if the address shown is a service	corporation or Scottish firm)	ST GEORGES HILL
address for the beneficiary of a Confidentiality	Post town	WEYBRIDGE
Order granted under the	County / Region	SURREY Postcode 15713 OCT
provisions of section 723B of the Companies Act	Country	ENGLAND)
* Voluntary information		I consent to act as a member of the limited liability partnership named on page 1 (Please tick this box if consenting to act as a designated member)
	Signed	Member to sign and date) Date 4/7/2007
Peers or others known by a title m use the title instea	ad Corporate name	
of or in addition to their name	Forename(s)	
Me	ember Reference Number * (as advised by Companies House)	Date of Day Month Year Birth
the address shown	sual Residential Address †† (or registered or principal office address in the case of a corporation or Scottish firm)	
is a service address for the beneficiary of a Confidentiality	Post town	
Order granted under the provisions of	County / Region	UK Postcode
section 723B of the Companies Act 1985	•	
* Voluntary information		I consent to act as a member of the limited liability partnership named on page 1
	•	(Please tick this box if consenting to act as a designated member)
	Signed	Date
		(Member to sign and date)

List of Members on Incorpora	tion	•
Peers or others known by a title may Cor use the title instead of or in addition to	Surname or rporate name	
their name Member Referer		Date of Day Month Year Birth
	House) [Ial Address 11] Or principal office S in the case of a	
the address shown corporation is a service	or Scottish firm)	
address for the beneficiary of a Confidentiality	Post town	
Order granted COI under the provisions of section 723B of	unty / Region	UK Postcode
the Companies Act 1985	Country	I consent to act as a member of the limited liability partnership named on
* Voluntary		page 1
information	ĺ	(Please tick this box if consenting to act as a designated member)
	Signed	(Member to sign and date)
		(Member to sign and date)
r colo di binolo	Surname or porate name	
known by a title may use the title instead of or in addition to their name	Forename(s)	
Member Referen (as advised i	ce Number * [by Companies House)	Date of Day Month Year Birth
the address shown sa service address	al Address †† r principal office in the case of a or Scottish firm)	
address for the beneficiary of a Confidentiality	Post town	
under the provisions of	inty / Region	UK Postcode
section 723B of the Companies Act 1985	Country	
* Volunton		I consent to act as a member of the limited liability partnership named on page 1
* Voluntary information	r	(Please tick this box if consenting to act as a designated member)
	Signed	Date
		(Member to sign and date)

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CERTIFICATE OF INCORPORATION OF A LIMITED LIABILITY PARTNERSHIP

Partnership No. OC329777

The Registrar of Companies for England and Wales hereby certifies that CHARTERGROVE PROPERTY SOLUTIONS LLP

is this day incorporated under the Limited Liability Partnerships Act 2000 as a limited liability partnership and that the partnership is limited.

Given at Companies House, Cardiff the 13 July 2007



