

200729130

BLUEPRINT

2000

LLP363

Annual Return of a Limited
Liability PartnershipPlease complete in typescript,
or in bold black capitals.

CHFP010

LLP Number

OC333557

Full Name of Limited
Liability Partnership

KIMEX TRADE LLP

Date of this return
The information in this return is
made up to

Day	Month	Year
13	12	2008

Date of next return

If you wish to make your next return on a
date earlier than the anniversary of this
return please show the date here.

Day	Month	Year

Registered Office

Show here the address as
at the date of this return.

105 St Peter's Street

Any change of registered
office must be notified on
form LLP287.

Post town

St Albans

County

Hertfordshire

UK
Postcode AL1 3EJ

Register of Debenture Holders

If there is a register of debenture
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

County

UK
Postcode

List members 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

Designated Member

Date

13. 3. 09

When you have signed the return send it
with the fee to the Registrar of Companies.
to be payable to

This return includes

1

continuation sheets.

(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

WEDNESDAY



A38

AHK71890

18/03/2009

281

COMPANIES HOUSE

10/03

Members

Please list members in alphabetical order.

In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† 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 registered or principal office address.

<input type="checkbox"/>	Surname or Corporate Name	Interfinance Business SA			
	Forename(s)				
	Address ††	PO Box 3175			
	Post town	Road Town			
	County / Region	Tortola	UK	Postcode	
	Country	British Virgin Islands		Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number *(as advised by Companies House)

Date of Birth	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Voluntary Information

Members

Please list members in alphabetical order.

In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.

†† 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 registered or principal office address.

<input type="checkbox"/>	Surname or Corporate Name	Interimeks SA			
	Forename(s)				
	Address ††	PO Box 3175			
	Post town	Road Town			
	County / Region	Tortola	UK	Postcode	
	Country	British Virgin Islands		Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number *(as advised by Companies House)

Date of Birth	Day	Month	Year
	<input type="text"/>	<input type="text"/>	<input type="text"/>

* Voluntary Information

BLUEPRINT

2000