LLP363



Please complete in typescript,

Annual Return of a Limited

or in bold black capitals.	Liability Partnership
CHWP000 LLP Number	
Full Name of Limited Liability Partnership	
Date of this return The information in this return is made up to	0 8 0 2 2 0 0 9
Date of next return If you wish to make your nex return on a date earlier than the anniversary of this return please show the date here	Day Month Year
Any change of registered office show here the address as at the date of this return. Registered Office show here the address as at the date of this return.	The Dickens, Kirk Street, 16 Northington Street
Post town	London
County	Postcode WC1N 2DG
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 registered office, state	
here where it is kept 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	Date 21st July 2009
ADSNICEA to	This return includes 0 continuation sheets.
A33 14/08/2009 72 COMPANIES HOUSE *AIKBQC5U* A10 05/08/2009 136 COMPANIES HOUSE	When you have completed and signed the form please send it to the Registrar of Companies at: Companies House, Crown Way, Cardiff, CF14 3UZ for partnerships registered in England and Wales Companies House, 139 Fountainbridge Edinburgh, EH3 9FF DX 235 Edinburgh
A53 25/07/2009 367 COMPANIES HOUSE	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		Details of new members must be notified on form LLP288a
Scottish firm, the name is the corporate or firm name.	Surname or Corporate Name	GARAI
	Forename(s)	ANDREW EARLE DAVID
Tick this box if Address the address shown is a service address		28 LANSDOWNE BOAD
for the beneficiary of a Confidentiality Order granted under	Post town	
section 723B of the Companies Act 1985 otherwise, give	County / Region	Postcode W11 341
your usual residen- tial address. In the case of a corpora-	Country	Postcode WII 3 L L Tick box if designated member
tion or Scottish firm, give the regis- tered or principal	Country	
office address.		
	Member Reference Number *(as advised	Day Month Year Date of Birth
* Voluntary information	by Companies House)	[Loo13 119 54
Members Please list members	in alphabetical order	This is not a new member
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	TRAFALLAR CAPITAL ADVICARS LLC
corporate or firm name.	F órename(s)	
^{††} Tick this box if	Address **	18851 NORTHEACT 29th Avenue
the address shown is a service address for the beneficiary		Suive 306 AVENTURA
of a Confidentiality Order granted under section 723B of the	Post town	AVEUTURA
Companies Act 1985 otherwise, give your	County / Region	Postcode 33180
usual residential address. In the case of a corporation or Scottish firm, give the registered or principal office address.	Country	Tick box if designated member
_241,044.		Day Month / Year
	Member Reference Number *(as advised by Companies House)	Date of Birth
* Voluntary	by Companies House)	

information