

Please complete in typescript,

-171

Annual Return of a Limited Lishility Dartnershin

Of III DOIG DIACK	Capitais.	Liability Partitership
CHWP000	LLP Number	OC335994
· ·	Full Name of Limited Liability Partnership	
	Date of this return The information in this return is made up to	0 2 8 0 3 2 0 0 9
ro th	Date of next return rou wish to make your next eturn on a date earlier than e anniversary of this return please show the date here.	Day Month Year
Any change of registered office must be notified or Form LLP287.		ZTREESON ROAD
	Post town	BOURNEMOUTH
	County	HAMPSHIRE UK Postcode BH4 9JA
	Register of Debenture Holders	
If there is a regis debenture holden duplicate of any register or part which is not kept registered office	s, or a r such Post towr of it, at the County	UK
here where it is ke	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 A CAT UN
with the fee to t Cheques shou	e signed the return send he Registrar of Companie tild be made payable t	s.
	AZOGA9DL* 27/04/2009 92	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, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX 33050 Cardiff DX 235 Edinburgh or LP - 4 Edinburgh
СОМ	PANIES HOUSE	Page 1

. 1 10 1 n 1 14 422 and sections of the section of the s •

:

Members Please list members	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	LAPCREST LIMITED
corporate or firm name.	Forename(s)	
** Tick this box if the address shown	Address **	PO BOX 261
is a service address for the beneficiary of a Confidentiality Order granted under section 7238 of the		
	Post town	FAREHAM
Companies Act 1985 otherwise, give your usual residen-	County / Region	HAMPSHIRE UK Postcode PO15 5YD
tial address. In the case of a corpora- tion or Scottish	Country	UK Tick box if designated member
firm, give the regis- tered or principal office address.		
		Day Month Year
	Member Reference Number *(as advised	Date of Birth
* Voluntary information	by Companies House)	
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	1 CACINICING FINITIES
corporate or firm name.	Forename(s)	
** Tick this box if	Address **	PO BOX 261
the address shown is a service address for the beneficiary		
of a Confidentiality Order granted under section 723B of the	Post town	
Companies Act 1985 otherwise, give your usual residential	County / Region	1 00/10000
address. In the case of a corporation or Scottlish firm, give the registered or principal office address.	Country	UK Tick box if designated member
ann: 299,		Day Month Year
	Member Reference Number *(as advised by Companies House)	Date of Birth