

17/08/2009

COMPANIES HOUSE

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108449/80 LLP363

Please complete in or in bold black cap	typescript, itals.	Liability Partnership				
CHWP000	LLP Number	OC338477				
Full Name of Limited Liability Partnership		EUROPE VANTAGE FUND LLP				
	Date of this return information in this return is made up to	Day Month Year 0 3 0 7 2 0 0 9				
If you v return the an	ate of next return vish to make your next on a date earlier than niversary of this return se show the date here.	Day Month Year 0 3 0 7 2 0 1 0				
	Registered Office how here the address	26 GROSVENOR STREET				
	as at the date of this return.	MAYFAIR				
	Post town	LONDON				
	County	Postcode W1K 4QW				
De	Register of ebenture Holders					
If there is a register of debenture holders, or duplicate of any suc register or part of i which is not kept at th	a h Post town t,	UK				
registered office, state here where it is kept		Postcode				
'	List members of 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 03/07/2009				
	ned the return send it egistrar of Companies.	I his return includes Continuation sheets.				
*L1RPZC LD5 27/08/20 COMPANIES	009 11	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 Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh for partnerships registered in Scotland Or LP - 4 Edinburgh 2				
LD4 17/08/20	009 9					

Members Please list members	s in alphabetical order								
In the case of a member that is a	s in alphabetical order								
corporation or a Scottish firm, the name is the	Surname or Corporate Name								
corporate or firm name.	Forename(s)								
^{††} Tick this box if the address shown	Address ^{††}	WENGISTRASSE 1							
is a service address for the beneficiary of a Confidentiality									
Order granted under section 723B of the Companies Act	Post town	8004 ZURICH							
1985 otherwise, give your usual residen-	County / Region	Postcode Postcode							
tial address. In the case of a corpora- tion or Scottish	Country	SWITZERLAND Tick box if designated member							
firm, give the regis- tered or principal office address.									
					Day	Month	Ye	ar	
	Member Reference Number *(as advised by Companies House)		Date of	Birth [_				
* Voluntary information	by companies riouse/								
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.		Details of new members must be notified on form LLP288a							
	Surname or Corporate Name	STATES INSURANCE LIMITED							
	Forename(s)								
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 ^{††}	CUSTOM HOUSE QUAY						W 111	
	Post town	DUBLIN 1							
	County / Region	UK Postcode							
address. In the case of a corporation or Scottish firm,	Country	IREAND	Tio	ck box i	f desig	nated me	mber	\checkmark	
give the registered or principal office address.									
	Mambau Deference				Day	Month	Ye	ar	
	Member Reference Number *(as advised by Companies House)		Date of	Birth				1	

* Voluntary information