

Please complete in typescript,

Annual Return of a Limited

or in bold black ca	pitals.	Liability Partnershi
CHWP000	LLP Number	OC339660
	II Name of Limited ability Partnership	DIGITAL SKY FINANCE LLP
	Date of this return e information in this return is made up to	- ' \doldon \doldon \doldon \doldon \doldon
If you retur the ar	Date of next return wish to make your next n on a date earlier than notiversary of this return ase show the date here.	Day Month Year
	Registered Office Show here the address as at the date of this return.	Tulloch & Co, 4 Hill Street
FUINI EEF 207.	Post town	London
County		UK Postcode W1J 5NE
Register of Debenture Holders		
If there is a register debenture holders, or duplicate of any su register or part of	ra ch Post town it,	
which is not kept at to registered office, sta		UK
here where it is kept	List members o	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	Mate 7 11 h Date 27 / 08/ 2009

Designated Member

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

This return includes 2 continuation sheets. (enter number)

132 23/09/2009 A27 **COMPANIES HOUSE**

When you have completed and signed the form please send it to the Registrar of Companies at: DX 33050 Cardiff

Companies House, Crown Way, Cardiff, CF14 3UZ

for partnerships registered in England and Wales Of DX 235 Edinburgh

Companies House, 139 Fountainbridge Edinburgh, EH3 9FF or LP - 4 Edinburgh 2 for partnerships registered in Scotland

Please list members	s 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.	Surname or	Details of new members r	nust be notified on form LLP288a
	Corporate Name		
	Forename(s)	ALEXANDER	
the address shown			
is a service address for the beneficiary of a Confidentiality			
Order granted under section 723B of the Companies Act	Post town	London	
1985 otherwise, give your usual residen-	County / Region		Postcode NW3 3HU
tial address. In the case of a corpora- tion or Scottish	Country	United Kingdom	Tick box if designated member
firm, give the regis- tered or principal office address.			
	Mambar Deference		Day Month Year
	Member Reference Number * (as advised		Date of Birth 1 17 0 19 1 19 17 17
* Voluntary information	by Companies House)		
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 n	nust be notified on form LLP288a
	Surname or Corporate Name	TULLOCH	
	Forename(s)	ALASTAIR ROBERT CLIFFO	RD
** Tick this box if	Address **	46 Laurier road	
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.			
	Post town	London	
	County / Region		Postcode NW5 1SJ
	Country	United Kingdom	Tick box if designated member
	Mamba-Dafa-ar		Day Month Year
	Member Reference Number *(as advised		Date of Birth 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	hy Companies House)		<u> </u>

Wembers

* Voluntary information

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	TAMAS
	Forename(s)	BOHDANA
¹¹ Tick this box if the address shown	Address **	15 E Adamson road
is a service address for the beneficiary of a Confidentiality		
Order granted under section 723B of the Companies Act	Post town	London
1985 otherwise, give your usual residen- tial address. In the	County / Region	Postcode NW3 3HU
case of a corpora- tion or Scottish firm, give the regis-	Country	United Kingdom Tick box if designated member
tered or principal office address.		
	Member Reference	Day Month Year
	Number *(as advised by Companies House)	Date of Birth 2 2 0 4 1 9 7 6
* Voluntary information		
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	
corporate or firm name.		
	Forename(s)	
** Tick this box if	Forename(s) Address **	
the address shown is a service address for the beneficiary		
the address shown is a service address		
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	Address #	UK Postcode NW5 1SJ
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 Scottlsh firm,	Address ^{††} Post town	
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 corpora-	Address ## Post town County / Region	Postcode NW5 1SJ
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 Scottlsh firm, give the registered or principal office	Address ## Post town County / Region	Postcode NW5 1SJ

* Voluntary information