



Please complete in typescript,

19/11/2009

COMPANIES HOUSE

A11

LLP363

Annual Return of a Limited

or in bold black capita	als.	Liability Partnership
CHWP000	LLP Number	50300447
	Name of Limited ility Partnership	
	i te of this return formation in this return is made up to	0.40.9 200.9
If you wis return o the anniv	te of next return th to make your next in a date earlier than versary of this return show the date here.	Day Month Year
	egistered Office ow here the address as at the date of this return.	ST ANDREWS HOUSE 385 HILLINGTON RD
	Post town	EUASCOW .
	County	UK Postcode 6524BL.
Deb	Register of enture Holders	
there is a register of ebenture holders, or a uplicate of any such egister or part of it, thich is not kept at the egistered office, state	Post town County	UK
ere where it is kept	List members o	
	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 16 NBJ 2009
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to		ontinuation sneets.
A72V9F35		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

Companies House, 139 Fountainbridge Edinburgh, EH3 9FF

for partnerships registered in Scotland

DX 235 Edinburgh

or LP - 4 Edinburgh 2

Members

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	SINGLETON		
	Forename(s)	ANDREW		
^{††} Tick this box if the address shown	Address ^{††}	5 BARNFORD CRESCENT		
is a service address for the beneficiary of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residen-				
	Post town	ALLOWAY		
	County / Region	AYRSHIRE DIK WA 7 4UP		
tial address. In the case of a corpora- tion or Scottish	Country	Tick box if designated member		
firm, give the regis- tered or principal office address.				
		Day Month Year		
	Member Reference Number *(as advised by Companies House)	Date of Birth 30 (1 (9 51)		
* Voluntary information	by Companies House,			
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 corporate or firm name.	Surname or Corporate Name	SINGUETON		
	Forename(s)	ZOBEL		
^{††} Tick this box if	Address **	5 BARNFORD CRESC		
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				
	Post town	ALLOWAY		
	County / Region	AYRSHIRE DIK WA7 4UP		
usual residential address. In the case of a corpora- tion or Scottish firm, give the registered	Country	Tick box if designated member		
or principal office address.				
	Member Reference _f	Day Month Year		
	Number *(as advised by Companies House)	Date of Birth 25 68 (1952		
* Voluntary				