



Annual Return of a Limited Liability Partnership

Please complete in typescript, or in bold black capitals
CHFP010

**LLP Number** 

50300704

Full Name of Limited Liability Partnership

MBM	LIMITED	LIABILITY	PARTNERSHIP
11411		2111212111	LIMITATIONELL

# Date of this return

The information in this return is made up to

Day		ay Month			Υe	ear	
0	1	0	9	2	0	0	8

### Date of next return

If you wish to make your next return on a date earlier than the anniversary of this return please show the date here

Day	Month	Year

107 GEORGE STREET

### Registered Office

Show here the address as at the date of this return.

Any change of registered office must be notified on form LLP287

Post town

County

EDINBURGH				

# **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 here where it is kept

Post town

County

- · · · · · · · · · · · · · · · · · · ·		·- · · <del>-</del>
	UK	
	UK Postcode	

## List members on page 2

#### Certificate

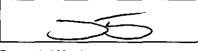
As a designated member I certify that the information given in this return is true to the best of my knowledge and belief

## Signed

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

01/10/2008

COMPANIES HOUSE



Date

UK

Postcode

EH2 3ES

2 9 SEP 2008

It Designated Member

This return includes

2

continuation sheets

(enter number)

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 or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for partnerships registered in Scotland DX 235 Edinburgh or LP - 4



10/03

SCT

Edinburgh 2

DX 33050 Cardiff

Members Please list members	ın alphabe	tical order	Details of new members must be n	chilled on formal   D200c
In the case of a mem a corporation or a Sc the name is the corpo- firm name	ottish firm,		CALDER	otified on form LLP200a
initi tianio		Forename(s)	DAVID WILLIAM	
†† Tick this box if the	ne	Address ††	8 CYPRESS GLADE, ADAMBRAE	
service address for the beneficiary of a Confidentiality Orde	,r			
granted under secti 723B of the Companies Act 198		Post town	LIVINGSTON	
otherwise, give you usual residential	т	County / Region	WEST LOTHIAN	Postcode EH54 9JH
of a corporation or Scottish firm, give t	he	Country		Tick box if designated member x
registered or princil office address	pal			Day Mari
		eference Number *(as by Companies House)		Day Month Year  Date of 2 9 0 4 1 9 6 6  Birth
* Voluntary Information		, companies (1000)		D(((1)
Members				
Please list members	•		Details of new members must be n	otified on form LLP288a
In the case of a mem a corporation or a So the name is the corpo	ottish firm,		FINLAYSON	
firm name		Forename(s)	WILLIAM ALEXANDER	
†† Tick this box if the address shown is a	ne	Address ††	6 GARSCUBE TERRACE	
service address for the beneficiary of a Confidentiality Orde	er _			
granted under secti 723B of the Companies Act 198		Post town	EDINBURGH	
otherwise, give you usual residential	r	County / Region	MIDLOTHIAN	Postcode EH12 6BQ
address In the case of a corporation or Scottish firm, give t registered or princi	he	Country	Scotland	Tick box if designated member X
office address	profit			Day Month Year
		teference Number *(as by Companies House)		Date of 0 5 0 6 1 9 5 1
* Voluntary				

Information

Members Please list members in alpha		Outolle of the complete to the modification forms I I DOOD
In the case of a member tha a corporation or a Scottish fit the name is the corporate or firm name	rns m, Surname or	Details of new members must be notified on form LLP288a  HENDRY
iiiii nane	Forename(s)	STUART JAMES FALCONER
†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order	Address ††	SCORGUIE, 8 KIMMERGHAME VIEW
granted under section 723B of the	Post town	EDINBURGH
Companies Act 1985 otherwise, give your	County / Pagion	UK EH4 2GP
usual residential address in the case	County / Region	Postcode EH4 2GP
of a corporation or Scottish firm, give the registered or principal office address	Country	Tick box if designated member X
		Day Month Year
	r Reference Number *(as ed by Companies House)	Date of 1 2 0 1 1 9 7 3
* Voluntary Information		
Members Please list members in alpha In the case of a member tha	tis	Details of new members must be notified on form LLP288a
a corporation or a Scottish fit the name is the corporate or	- Cultiditie O	MICHIE
firm name	Forename(s)	MARK VICTOR
†† Tick this box if the address shown is a	Address ††	43 HOPETOUN TERRACE
service address for the beneficiary of a Confidentiality Order		
granted under section 723B of the	Post town	GULLANE
Companies Act 1985 otherwise, give your usual residential	County / Region	EAST LOTHIAN  Output  Discrete EH31 2DD  EH31 2DD
address In the case of a corporation or Scottish firm, give the registered or principal office address.	Country	Tick box if designated member x
Membe	er Reference Number *(as	Day Month Year  Date of 0 5 0 4 1 0 6 0
	- d b - O	l Date of [0, 5   0, 4   1, 9, 6, 8

BLUEPRINT 2000

\* Voluntary Information