

Please complete in typescript.

LP363

Annual Return of a Limited

or in bold black capitals.			Liability Partnership
CHWP000	LLP Number	SO301593	
Full Name of Limited Liability Partnership		Thistle Groundcare Equipment	
Date of this return The information in this return is made up to		Day Month Year 2 6 1 0 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	
Any change of Sho registered office must be notified on	egistered Office by here the address as at the date of this return.	1 Millar Grove	
Form LLP287.	Post town	Hamilton	
County		Lanarkshire	UK Postcode ML3 9BF
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		UK Postcode
	List members o	on page 2	
		As a designated member I certify that true to the best of my knowledge and	t the information given in this return is belief.
	Signed	Jululferd	Date 6/3/2010

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to This return includes continuation sheets. (enter number)



SCT 10/03/2010 **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

or DX 235 Edinburgh or LP - 4 Edinburgh 2

Companies House, 139 Fountainbridge Edinburgh, EH3 9FF for partnerships registered in Scotland

Designated Member

Please list members	in alphabetical order			
In the case of a member that is a corporation or a		Details of new members must be notified on form LLP288a		
Scottish firm, the name is the corporate or firm name.	Surname or Corporate Name	YEAT3		
	Forename(s)	DOHN		
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	Address ^{††}	17 MAIN STREET		
		CALDERCRUIX		
	Post town	AIRORIE		
	County / Region	LAWARKSHIRE POSTCODE MLB 7RF		
	Country	SLOTLAND UK Postcode MLb 7RF 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 1 4 1 2 1 9 5 8		
* 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 must be notified on form LLP288a		
	Surname or Corporate Name	HARVED		
	Forename(s)	WILLIAM		
**Tick this box if 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- tion or Scottish firm,	Address **	U GOW CRESCONT		
	Post town	KIRKCADY		
	County / Region	KFE Postcode KYIIEJ		
	Country	SconAUD Tick box if designated member		
give the registered or principal office address.				
	Member Reference	Day Month Year		
	Number *(as advised by Companies House)	Date of Birth 0,6 1,2 1,9,5,3		

Members

* Voluntary information