

000030 30 LLP363

Annual Return of a Limited

or in bold black capita	-	Liability Partnership
CHWP000	LLP Number	00302698
	lame of Limited lity Partnership	PORTWAY DESIGN LLP
	te of this return formation in this return is made up to	Day Month Year 2 5 0 7 2 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
	egistered Office w here the address as at the date of this return.	43 ALBANY ROAD
TOMI LEF207.	Post town	SALISBURY
	County	WILTSHIRE Postcode SP1 340
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
	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	Date 25/7/08
When you have size as	d the return cond it	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.

10/02/2009 111 A24 COMPANIES HOUSE

continuation sheets. This return includes (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 33050 Cardiff

DX 235 Edinburgh or LP - 4 Edinburgh 2

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	Surname or Corporate Name	FOSTER
corporate or firm name.	Forename(s)	JOHN GERARD
^{††} Tick this box if the address shown	Address **	43 ALBANY ROAD
is a service address for the beneficiary		
of a Confidentiality Order granted under	Post town	SALISBURY
section 723B of the Companies Act		
1985 otherwise, give your usual residen- tial address. In the	County / Region	Posicode
case of a corpora- tion or Scottish	Country	Tick box if designated member
firm, give the regis- tered or principal office address.		
	Member Reference	Day Month Year
	Number * (as advised by Companies House)	9745 Date of Birth 2 3 0 4 1 9 5 6
* Voluntary information		
Members Please list members	in alphabetical order	
In the case of a	an dipridestion order	Details of new members must be notified on form LLP288a
member that is a corporation or a	C	<u> </u>
Scottish firm, the name is the	Surname or Corporate Name	FOSTER
corporate or firm name.	Forename(s)	MARION ELIZABETH
^{††} Tick this box if	Address **	43 ALBANY ROAD
the address shown is a service address for the beneficiary		
for the beneficiary of a Confidentiality Order granted under	Post town	SALISBURY
section 723B of the Companies Act 1985 otherwise, give your	County / Region	WILTSHIRE Postcode SPI 340
usual residential address. In the	Country	Tiels have if decisionated more host
case of a corpora- tion or Scottish firm, give the registered or principal office address.	·	
		Day Month Year
	Member Reference Number *(as advised	9746 Date of Birth 2,4 1,0 1,9,5,4
* Voluntary	by Companies House)	

Members

information

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	SARUM SCIENTIFIC 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. In the case of a corporation or Scottish	Address **	43 ALBANY ROAD
	Post town	SALISBURY
	County / Region	WILTSHIRE Postcode SPI 34Q
	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
* 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	
	Forename(s)	
tt Tick this box if	Address ^{††}	
the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 72B of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corporation or Scottish firm,		
	Post town	
	County / Region	UK Postcode
	Country	Tick box if designated member
give the registered or principal office address.		
		Day Month Year
	Member Reference	Date of Birth
	Number *(as advised	Date of Diffit

* Voluntary information