

103141/30



LLP363

Annual Return of a Limited Liability Partnership

Please complete in typescript,
or in bold black capitals.

CHFP010

LLP Number

OC303865

Full Name of Limited Liability Partnership

Optima Capital Management LLP

Date of this return

The information in this return is made up to

Day		Month		Year			
1	1	0	2	2	0	0	9

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			

Registered Office

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

7 Albemarle Street

Any change of registered office must be notified on form LLP287.

Post town

London

County

UK
Postcode W1S 4HQ

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 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

Designated Member

Date 13.02.2009

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 1 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 DX 33050 Cardiff
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
Edinburgh 2

WEDNESDAY



A50 25/02/2009 126
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.

†† 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 corporation or Scottish firm, give the registered or principal office address.

Surname or Corporate Name	Dubson		
Forename(s)	Arie		
Address ††	Rehov Hehalutz 44/3		
Post town			
County / Region		UK Postcode	96222
Country	Jerusalem	Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number *(as advised by Companies House)

Date of Birth	Day	Month	Year
	1 2	0 5	1 9 5 6

* Voluntary 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.

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Surname or Corporate Name	Dubson		
Forename(s)	Arturo		
Address ††	I C Michaelson St 6B		
Post town	Jerusalem		
County / Region		UK Postcode	93707
Country	Israel	Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number *(as advised by Companies House)

Date of Birth	Day	Month	Year
	2 9	0 8	1 9 5 7

* Voluntary Information

BLUEPRINT
2000