LLP363

Please complete form in typescript, or in bold black capitals. CHFP135

COMPANIES HOUSE

Annual Return of a Limited Liability Partnership

LLP Number			OC3296	605							
Full Name of Limited			Peter Li	und and	Partn	ers Le	eds LL	_P			
	Liability Partnership			п							
	Date of t	his return	Day	Month	1	Year					•
	This information i	n this return made up to	0 5	0 7	2 (0 0	9				
	Date of n	ext return	Day	Month		Year					
	If you wish to mal return on a date the anniversary of please show the	earlier than of this return									
Any change of registered office must be notified of Form LLP287	Show here	red Office the address the date of this return	33 Geor	ge Stree	et						
	Wakefie	ld									
County			West Yo	orkshire					UI Postcod		/F1 1LX
Register of Debenture Holders											
If there is a regist debenture holders, duplicate of any register or part of which is not kept a registered office,	or a such of it, it the	Post town									
here where it is ke									UI Postcod	- 1	
	List memb	ers on page	e 2							_	
	As a de	esignated the be st	d men	nber I o knjowl	certify edge	that th	ne informat elief	tion :	given in this return is		
		Signed	te	s/					Date	29	1/7/09.
When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.			Designat	This		n includ	L	enter n	umber)		continuation sheets.
	AK7SBC1H*	211	Registriction Comparison Comparis	rar of Co anies Ho tnerships	ompar ouse, s regis ouse,	nies at: Crowr stered i 37 Car	n Way in Eng stle T	, Caro pland a errace	diff, CF14 and Wales e, Edinbur	3UZ gh,	or

Please list member	s in alphabetical order										
In the case of a member that is a corporation or a Scottish firm, the	Surname or	Details of new member	ers mus	t be no	tified o	n form L	_LP288a	<u>_</u>		\neg	
name is the	Corporate Name	Lund									
corporate or firm name.	Forename(s)	Perter St John Clough									
†† Tick this box if the address shown is a service address for	Address ††	Staircase House									
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		Staircase Lane									
	Post town	Leeds									
	County / Region	West Yorkshire	Pos	UK LS16 9JD Postcode							
	Country	United Kingdom		Tick box if designated member							
principal office address.											
						Day	Month	1 Y	⁄ear		
	nber Reference Number* ed by Companies House)			Date of	f Birth	1 2	0 6	1 9	5	6	
* Voluntary information	,,				L						
Members Please list member	rs 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	Lund									
	Forename(s)	Belinda Jane									
†† 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	Address ++	Staircase House									
		Staircase Lane									
	Post town	Leeds									
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principal office address.											
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* Voluntary information