

101276/30



LLP363

Annual Return of a Limited Liability Partnership

Please complete in typescript, or in bold black capitals.

CHWP000

LLP Number

Full Name of Limited Liability Partnership

Date of this return
The information in this return is made up to
Day Month Year

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

Post town
County UK Postcode

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 Date
Designated Member

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

This return includes continuation sheets.
(enter number)

MONDAY



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 DX 235 Edinburgh
for partnerships registered in Scotland or LP - 4 Edinburgh 2

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.

Details of new members must be notified on form LLP288a

Surname or Corporate Name	Kloyster Systems Corp.		
Forename(s)			
Address ††	Drake Chambers		
	Road Town		
Post town	Tortola		
County / Region		UK	Postcode
Country	British Virgin Islands	Tick box if designated member <input checked="" type="checkbox"/>	

Member Reference Number *(as advised by Companies House)		Date of Birth	Day	Month	Year

* 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.

†† 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.

Details of new members must be notified on form LLP288a

Surname or Corporate Name	Lunarbell Management Inc.		
Forename(s)			
Address ††	Drake Chambers		
	Road Town		
Post town	Tortola		
County / Region		UK	Postcode
Country	British Virgin Islands	Tick box if designated member <input checked="" type="checkbox"/>	

Member Reference Number *(as advised by Companies House)		Date of Birth	Day	Month	Year

* Voluntary information

Please complete in typescript,
or in bold black capitals.

LLP363 cont

CHWP000

Annual Return (continuation sheet)

LLP Number

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.

Details of new members must be notified on form LLP2 88a

Surname or Corporate Name	<input type="text" value="Ockster Financial Corp."/>		
Forename(s)	<input type="text"/>		
Address ††	<input type="text" value="Drake Chambers"/>		
	<input type="text" value="Road Town"/>		
Post town	<input type="text" value="Tortola"/>		
County / Region	<input type="text"/>	UK	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text" value="British Virgin Islands"/>	Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number *(as advised by Companies House)	<input type="text"/>	Date of Birth	Day	Month	Year
			<input type="text"/>	<input type="text"/>	<input type="text"/>

* 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.

†† 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.

Details of new members must be notified on form LLP2 88a

Surname or Corporate Name	<input type="text" value="Sandrix Business Inc."/>		
Forename(s)	<input type="text"/>		
Address ††	<input type="text" value="Drake Chambers"/>		
	<input type="text" value="Road Town"/>		
Post town	<input type="text" value="Tortola"/>		
County / Region	<input type="text"/>	UK	<input type="text"/>
		Postcode	<input type="text"/>
Country	<input type="text" value="British Virgin Islands"/>	Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number *(as advised by Companies House)	<input type="text"/>	Date of Birth	Day	Month	Year
			<input type="text"/>	<input type="text"/>	<input type="text"/>

* Voluntary information