



Please complete in typescript, or in bold black capitals

CHFP025

Handwritten notes: *noted* and *N/M.*

11

# LLP363

## Annual Return of a Limited Liability Partnership

**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

*Any change of registered office must be notified on Form LLP287*  
**Registered Office**  
Show here the address as at the date of this return.

Post town   
County  UK Postcode

*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*  
**Register of Debenture Holders**

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**

This return includes  continuation sheets  
(enter number)

SA THURSDAY



\*A8QW11H4\*  
A51 17/07/2008 284  
COMPANIES HOUSE  
\*AEDGW15J\*  
A40 05/07/2008 126  
COMPANIES HOUSE

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 ED235 Edinburgh**

## 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 | BIRTWELL                                       |                               |                          |
| Forename(s)               | JANET ANN                                      |                               |                          |
| Address ††                | 4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE |                               |                          |
|                           |  |                               |                          |
| Post town                 | LONDON   |                               |                          |
| County / Region           |  | UK Postcode                   | EC4M 7DX                 |
| Country                   |  | Tick box if designated member | <input type="checkbox"/> |

|   |           |               |     |       |      |   |   |   |   |   |
|---|-----------|---------------|-----|-------|------|---|---|---|---|---|
| Member Reference Number * (as advised by Companies House) | MRN 65594 | Date of Birth | Day | Month | Year |   |   |   |   |   |
|   |           |               | 1   | 2     | 0    | 6 | 1 | 9 | 6 | 2 |

\* 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 | CALABRESE                                      |                               |                          |
| Forename(s)               | JOSEPH ANDREW                                  |                               |                          |
| Address ††                | 4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE |                               |                          |
|                           |  |                               |                          |
| Post town                 | LONDON   |                               |                          |
| County / Region           |  | UK Postcode                   | EC4M 7DX                 |
| Country                   |  | Tick box if designated member | <input type="checkbox"/> |

|   |           |               |     |       |      |   |   |   |   |   |
|---|-----------|---------------|-----|-------|------|---|---|---|---|---|
| Member Reference Number * (as advised by Companies House) | MRN 41153 | Date of Birth | Day | Month | Year |   |   |   |   |   |
|   |           |               | 0   | 8     | 0    | 6 | 1 | 9 | 5 | 6 |

\* Voluntary information

Please complete in typescript, or in bold black capitals.

# LLP363 cont

## Annual Return (continuation sheet)

CHFP025

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

Details of new members must be notified on form LLP288a

†† 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           | <input type="text" value="CULVAHOUSE JR"/>                                  |                               |                                       |
| Forename(s)                         | <input type="text" value="ARUTHUR BOGESS"/>                                 |                               |                                       |
| Address ††                          | <input type="text" value="4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE"/> |                               |                                       |
| <input checked="" type="checkbox"/> | <input type="text"/>  |                               |                                       |
| Post town                           | <input type="text" value="LONDON"/>   |                               |                                       |
| County / Region                     | <input type="text"/>  | UK Postcode                   | <input type="text" value="EC4M 7DX"/> |
| Country                             | <input type="text"/>  | Tick box if designated member | <input type="checkbox"/>              |

\*Voluntary information

Member Reference Number \* (as advised by Companies House)

Date of Birth

| Day   | Month   | Year  |
|---|---|---|
| <input type="text" value="0"/> <input type="text" value="4"/> | <input type="text" value="0"/> <input type="text" value="7"/> | <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="4"/> <input type="text" value="8"/> |

### 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

†† 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           | <input type="text" value="DAGHLIAN"/>                                       |                               |                                       |
| Forename(s)                         | <input type="text" value="JOHN DIKRAN"/>                                    |                               |                                       |
| Address ††                          | <input type="text" value="4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE"/> |                               |                                       |
| <input checked="" type="checkbox"/> | <input type="text"/>  |                               |                                       |
| Post town                           | <input type="text" value="LONDON"/>   |                               |                                       |
| County / Region                     | <input type="text"/>  | UK Postcode                   | <input type="text" value="EC4M 7DX"/> |
| Country                             | <input type="text"/>  | Tick box if designated member | <input checked="" type="checkbox"/>   |

\*Voluntary information

Member Reference Number \* (as advised by Companies House)

Date of Birth

| Day   | Month   | Year  |
|---|---|---|
| <input type="text" value="1"/> <input type="text" value="5"/> | <input type="text" value="0"/> <input type="text" value="4"/> | <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="4"/> |

## 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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\* Voluntary information

## Details of new members must be notified on form LLP288a

|                                     |  |                               |                          |
|-------------------------------------|--|-------------------------------|--------------------------|
| Surname or Corporate Name           | FOSTER   |                               |                          |
| Forename(s)                         | DAVID EDWARD                                   |                               |                          |
| Address ††                          | 4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE |                               |                          |
| <input checked="" type="checkbox"/> |  |                               |                          |
| Post town                           | LONDON   |                               |                          |
| County / Region                     |  | UK Postcode                   | EC4M 7DX                 |
| Country                             |  | Tick box if designated member | <input type="checkbox"/> |

|   |           |               |     |       |      |   |   |   |   |   |
|---|-----------|---------------|-----|-------|------|---|---|---|---|---|
| Member Reference Number * (as advised by Companies House) | MRN 78466 | Date of Birth | Day | Month | Year |   |   |   |   |   |
|   |           |               | 1   | 5     | 1    | 2 | 1 | 9 | 6 | 7 |

## 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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\* Voluntary information

## Details of new members must be notified on form LLP288a

|                                     |  |                               |                          |
|-------------------------------------|--|-------------------------------|--------------------------|
| Surname or Corporate Name           | KAVANAGH                                       |                               |                          |
| Forename(s)                         | DAVID EDWARD                                   |                               |                          |
| Address ††                          | 4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE |                               |                          |
| <input checked="" type="checkbox"/> |  |                               |                          |
| Post town                           | LONDON   |                               |                          |
| County / Region                     |  | UK Postcode                   | EC4M 7DX                 |
| Country                             |  | Tick box if designated member | <input type="checkbox"/> |

|   |  |               |     |       |      |   |   |   |   |   |
|---|--|---------------|-----|-------|------|---|---|---|---|---|
| Member Reference Number * (as advised by Companies House) |  | Date of Birth | Day | Month | Year |   |   |   |   |   |
|   |  |               | 1   | 9     | 0    | 3 | 1 | 9 | 6 | 7 |

Please complete in typewritten or in bold black capitals.

# LLP363 cont

## Annual Return (continuation sheet)

CHFP025

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

Details of new members must be notified on form LLP288a

†† 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           | <input type="text" value="KIRBY"/>  |                               |                                       |
| Forename(s)                         | <input type="text" value="MATTHEW TALBOT"/>                                 |                               |                                       |
| Address ††                          | <input type="text" value="4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE"/> |                               |                                       |
| <input checked="" type="checkbox"/> | <input type="text"/>  |                               |                                       |
| Post town                           | <input type="text" value="LONDON"/>   |                               |                                       |
| County / Region                     | <input type="text"/>  | UK Postcode                   | <input type="text" value="EC4M 7DX"/> |
| Country                             | <input type="text"/>  | Tick box if designated member | <input type="checkbox"/>              |

Member Reference Number \* (as advised by Companies House)  Date of Birth 

| Day                            | Month                          | Year                           |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="text" value="2"/> | <input type="text" value="4"/> | <input type="text" value="1"/> |
| <input type="text" value="4"/> | <input type="text" value="1"/> | <input type="text" value="0"/> |
| <input type="text" value="1"/> | <input type="text" value="9"/> | <input type="text" value="7"/> |
| <input type="text" value="7"/> | <input type="text" value="4"/> | <input type="text" value="4"/> |

\*Voluntary information

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|                                     |   |                               |                                       |
|-------------------------------------|---|-------------------------------|---------------------------------------|
| Surname or Corporate Name           | <input type="text" value="LOYNES"/>   |                               |                                       |
| Forename(s)                         | <input type="text" value="PAUL"/>   |                               |                                       |
| Address ††                          | <input type="text" value="4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE"/> |                               |                                       |
| <input checked="" type="checkbox"/> | <input type="text"/>  |                               |                                       |
| Post town                           | <input type="text" value="LONDON"/>   |                               |                                       |
| County / Region                     | <input type="text"/>  | UK Postcode                   | <input type="text" value="EC4M 7DX"/> |
| Country                             | <input type="text"/>  | Tick box if designated member | <input type="checkbox"/>              |

Member Reference Number \* (as advised by Companies House)  Date of Birth 

| Day                            | Month                          | Year                           |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="text" value="0"/> | <input type="text" value="4"/> | <input type="text" value="0"/> |
| <input type="text" value="4"/> | <input type="text" value="0"/> | <input type="text" value="8"/> |
| <input type="text" value="1"/> | <input type="text" value="9"/> | <input type="text" value="7"/> |
| <input type="text" value="7"/> | <input type="text" value="2"/> | <input type="text" value="2"/> |

\*Voluntary information

## Members

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\* Voluntary information

## Details of new members must be notified on form LLP288a

|   |  |                               |                                   |
|---|--|-------------------------------|-----------------------------------|
| Surname or Corporate Name                                 | STOCK  |                               |                                   |
| Forename(s)   | JUSTIN MICHAEL                                 |                               |                                   |
| Address ††  | 4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE |                               |                                   |
| <input checked="" type="checkbox"/>                       |  |                               |                                   |
| Post town   | LONDON   |                               |                                   |
| County / Region   |  | UK Postcode                   | EC4M 7DX                          |
| Country   |  | Tick box if designated member | <input type="checkbox"/>          |
| Member Reference Number * (as advised by Companies House) |  | Date of Birth                 | Day: 2 8 Month: 0 2 Year: 1 9 7 2 |

## Members

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\* Voluntary information

## Details of new members must be notified on form LLP288a

|   |  |                               |                                   |
|---|--|-------------------------------|-----------------------------------|
| Surname or Corporate Name                                 | VAN DE NORTH                                   |                               |                                   |
| Forename(s)   | JOHN   |                               |                                   |
| Address ††  | 4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE |                               |                                   |
| <input checked="" type="checkbox"/>                       |  |                               |                                   |
| Post town   | LONDON   |                               |                                   |
| County / Region   |  | UK Postcode                   | EC4M 7DX                          |
| Country   |  | Tick box if designated member | <input type="checkbox"/>          |
| Member Reference Number * (as advised by Companies House) |  | Date of Birth                 | Day: 1 1 Month: 0 6 Year: 1 9 7 0 |

Please complete in *typescript*,  
or in **bold black capitals**

# LLP363 cont

## Annual Return (continuation sheet)

CHFP025

LLP Number

### Members (Please list members in alphabetical order)

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### Details of new members must be notified on form LLP288a

|                                     |   |                               |                                       |
|-------------------------------------|---|-------------------------------|---------------------------------------|
| Surname or Corporate Name           | <input type="text" value="WIFA"/>   |                               |                                       |
| Forename(s)                         | <input type="text" value="SOLOMON"/>  |                               |                                       |
| Address ††                          | <input type="text" value="4th FLOOR, WARWICK COURT, 5 PATERNOSTER SQUARE"/> |                               |                                       |
| <input checked="" type="checkbox"/> | <input type="text"/>  |                               |                                       |
| Post town                           | <input type="text" value="LONDON"/>   |                               |                                       |
| County / Region                     | <input type="text"/>  | UK Postcode                   | <input type="text" value="EC4M 7DX"/> |
| Country                             | <input type="text"/>  | Tick box if designated member | <input checked="" type="checkbox"/>   |

Member Reference Number \* (as advised by Companies House)

|                      |   |   |   |
|----------------------|---|---|---|
| Date of Birth        | Day   | Month   | Year  |
| <input type="text"/> | <input type="text" value="1"/> <input type="text" value="7"/> | <input type="text" value="0"/> <input type="text" value="3"/> | <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="2"/> |

\*Voluntary information

### Members (Please list members in alphabetical order)

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### Details of new members must be notified on form LLP288a

|                           |                      |                               |                          |
|---------------------------|----------------------|-------------------------------|--------------------------|
| Surname or Corporate Name | <input type="text"/> |                               |                          |
| Forename(s)               | <input type="text"/> |                               |                          |
| Address ††                | <input type="text"/> |                               |                          |
| <input type="checkbox"/>  | <input type="text"/> |                               |                          |
| Post town                 | <input type="text"/> |                               |                          |
| County / Region           | <input type="text"/> | UK Postcode                   | <input type="text"/>     |
| Country                   | <input type="text"/> | Tick box if designated member | <input type="checkbox"/> |

Member Reference Number \* (as advised by Companies House)

|                      |   |   |   |
|----------------------|---|---|---|
| Date of Birth        | Day                                       | Month                                     | Year  |
| <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

\*Voluntary information