

88(2)
Return of Allotment of Shares

Please complete in typescript, or in bold black capitals CHWP000

Company Number

5747059

Company name in full

142 CHAMBERLATNE ROAD

FRECHOLD LIMITED

Shares allotted (including bonus shares)				
	From	То	То	
Date or period during which shares were allotted	Day Month Y	ear Day Month	Year	
(If shares were allotted on one date enter that date in the "from" box)	2,6 0,3 2,0	07		
Class of shares (ordinary or preference etc)	ORDINARY			
Number allotted	0~∈			
Nominal value of each share	£1			
Amount (if any) paid or due on each share (including any share premium)	£1			
List the names and addresses of the allottees and the number of shares allotted to each overleaf				
If the allotted shares are fully or partly paid up otherwise than in cash please state:				
% that each share is to be treated as paid up				
Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)				



ATTH25C2" A52 23/08/2007 12 COMPANIES HOUSE

When you have completed and signed the form send it to the Registrar of Companies at:

Companies House, Crown Way, Cardiff CF14 3UZ For companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB For companies registered in Scotland

DX 235 Edinburgh

Names and addresses of the allottees (List joint share allotments consecutively)

Shareholder details		Shares and share class allotted	
Name MR RICARDO Y	CARWOOD)	Class of shares allotted	Number allotted
Address 142A CHAMBERLA			
	INE ROAD	ORDINARY	-
LONDON			
UK Pos	stcode NW10 JJR		<u> </u>
Name	_	Class of shares allotted	Number allotted
Address			
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		_	L
UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address		-	i
UK Pos	stcode בבבר		L
Name		Class of shares allotted	Number allotted
Address		-	
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UK Pos	stcode		
Name		Class of shares allotted	Number allotted
Address		_	
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UK Pos	stcode		
Please enter the number of continual	non sheets (if any) attached to this	form	
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igned	D	ate26/03/0	>7
A director / se cretary / administrator / admi	nistrative receiver / receiver reanager / receiver	eiver Please de	lete as appropriate
Please give the name, address, elephone number and, if available,	wem + Co		
DX number and Exchange of the erson Companies House should	SAVOY HOUSE,	SAVOY CIRCUS	
ontact if there is any query			7406000
	DX number	DX exchange	

DX exchange