

88(2)
Return of Allotment of Shares

To

Please complete in typescript, or in bold black capitals CHWP000

**Company Number** 

6303278

Company name in full

STARBURST PROPE	RTY LIMITED	 	

Date or period during which shares were allotted (If shares were allotted on one date enter that date in the "from" box) Day Month Year Day Month Year

From

Class of shares (ordinary or preference etc)

Number allotted

Nominal value of each share

Amount (if any) paid or due on each share (including any share premium)

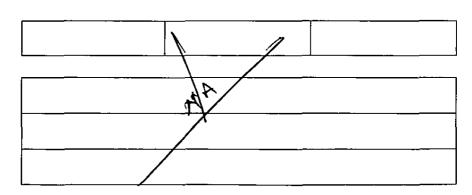
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List the names and addresses of the allottees and the number of shares allotted to each overleaf

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)



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

Companies House, Crown Way, Cardiff CF14 3UZ

DX 33050 Cardiff

For companies registered in England and Wales

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

DX 235 Edinburgh

THURSDAY



17/04/2008 COMPANIES HOUSE

475

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

Shareholder details	Shares and share class allotted		
Name INMARL FAIRURAPHER	Class of shares allotted	Number allotted	
Address Le Wentwert Rosa	620	_2_	
ALOKBERINI Septembe		. <u> </u>	
UK Postcode J.P.J. 55 B.B.			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode			
Name	Class of shares allotted	Number allotted	
Address		L	
UK Postcode LLLL			
Name	Class of shares allotted	Number allotted	
Address			
UK Postcode L L L L L			
Name	Class of shares	Number allotted	
Address			
<u> </u>		<u> </u>	
Luz Donton de			
UK/Postcode Please/enter the number of continuation sheets (if any) attached to this fo	orm 4		
Signed Date			
A director / secretary / administrator / administrative receiver / receiver manager / receive	ver Please d	delete as appropriate	
Please give the name, address,			
elephone number and, if available, DX number and Exchange of the		<del></del>	

DX number

DX exchange