



COMPANIES FORM No. 98(2) (Rev. 1989)

Return of allotments of shares

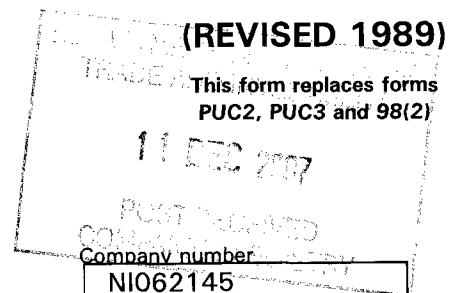
98(2)

Pursuant to Article 98(2)(a) of the Companies (Northern Ireland) Order 1986.

Please do not write in this margin

To the Registrar of Companies (address overleaf) (see note 1)

Please complete legibly, preferably in black type, or bold block lettering



1. Name of company

* insert full name of company

* 222 Malone Road Management
Limited

2. This section must be completed for all allotments

+ distinguish between ordinary preference, etc

Description of shares +	Ordinary		
A Number allotted	2		
B Nominal value of each	£1	£	£
C Total amount (if any) paid or due and payable on each share (including premium if any)	£ 1	£	£

§ complete (a) or (b) as appropriate

Date(s) on which the shares were allotted

(a) [on 20] \$, or

(b) [from 12 October 2007 to 15 October 2007] \$

The names and addresses of the allottees and the number of shares allotted to each should be given overleaf

3. If the allotment is wholly or partly other than for cash the following information must be given (see notes 2 & 3)

D Extent to which each share is to be treated as paid up. Please use percentage.			
E Consideration for which the shares were allotted			

NOTES

1. This form should be delivered to the registrar of companies within one month of the (first) date of allotment
2. If the allotment is wholly or partly other than for cash, the company must deliver to the registrar a return containing the information at D & E. The company may deliver this information by completing D & E and the delivery of the information must be accompanied by the duly stamped contract required by Article 98(2)(b) of the Companies (Northern Ireland) Order 1986 or by the duly stamped prescribed particulars required by Article 98(3) of that Order (Form No. 98(3)).
3. Details of bonus issues should be included only in section 2.

Presentor's name, address, telephone
Number and reference (if any)

Michael Wilson
Chartered Surveyor
561 Upper Newtownards Road
Belfast
BT4 3LP

(028) 90480444

For official Use

Document Checking
Section

**Please do not
write in the**

**Please complete
legibly, preferably
in black type, or**

Signed Mplw2 Director/Secretary* 4-12-07 Date

This form should be delivered to:-

Page 2