

Please complete in typescript

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Annual Return of a Limited

or in bold black capitals.		Liability Partnership		
CHFP000		- CONTRACTOR	Liability	raitheisinp
LLP Number		OC-300605		
Full Name of Limited Liability Partnership		REPROGRAPHIC OFFICE	e Supplies L	P
Date of this return The information in this return is made up to		Day Month Year 2 3 0 8 2 0 0 3		
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 Show here the address as at the date of this return. Post town		BIRCH BUSINESS PARK PROGRESS DRIVE CANNOCK		
	County	STAFFORDSHIRE	UK Postcode	MSII 3Bf
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 st members o	on page 2	UK Postcode	
- -		As a designated member I cert	tify that the information	on given in this return is
Signed		true to the best of my knowled	ge and belief. Date	1/9/03
When you have signed the return send is with the fee of £35 to the Registrar of Companies. Cheques should be made payable to Companies House.		This return includes	continuation sheets.	



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

Please list members in alphabetical order In the case of a Details of new members must be notified on form LLP288a member that is a corporation or a Surname or Scottish firm, the EDWARDS Corporate Name name is the corporate or firm Forename(s) LISA name. ^{††} Tick this box if Address # 26 TREVITHICK CLOSE the address shown is a service address for the beneficiary of a Confidentiality Order granted under BURNTWOOD Post town section 723B of the Companies Act UK 1985 otherwise, give County / Region 9 LB STAFFORDSHIRE WS7 Postcode your usual residential address. In the Tick box if designated member case of a corpora-Country ヷ゚゚゚゚゚゚ tion or Scottish firm, give the registered or principal office address. Day Month Year Member Reference Number *(as advised 2697 Date of Birth 91618 by Companies House) * Voluntary information Members Please list members in alphabetical order In the case of a Details of new members must be notified on form LLP288a member that is a corporation or a Surname or Scottish firm, the S CONFINCES Corporate Name name is the corporate or firm Forename(s) STEVEN name. Address # 26 TREVITHIC CLOSE ¹¹ Tick this box if the address shown is a service address for the beneficiary of a Confidentiality pilnesso Order granted under Post town section 723B of the UK Companies Act 1985 County / Region WS7 9LB STAFFORDSHIRE otherwise, give your Postcode usual residential Tick box if designated member address. In the Country U.K. case of a corporation or Scottish firm, give the registered or principal office address. Day Month Year Member Reference Number *(as advised 2698 Date of Birth

by Companies House)

* Voluntary information

Members

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