

Please complete in typescript, or in bold black capitals.		Liability Partnership	
CHWP000	LLP Number		
Full Name of Limited Liability Partnership		STAARS LLP	
Date of this return The information in this return is made up to		Day Month Year 1 1 0 3 2 0 0 9	
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 She registered office must be notified on	egistered Office ow here the address as at the date of this return.	1 CYPRUS ROAD	
Form LLP287.	Post town	FAREHAM	
County		HAMPSHIRE UK Postcode PO14 4JY	
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	UK Postcode	
	List members o		
. Certificate		As a designated member I certify that the information given in this return is true to the best of my knowledge and belief. Date 76/09	
When you have signed the return send it with the fee to the Registrar of Companies.		This return includes continuation sheets.	

09/06/2009 905 **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 or partnerships registered in England and Wales

DX 33050 Cardiff

Companies House, 139 Fountainbridge Edinburgh, EH3 9FF

DX 235 Edinburgh or partnerships registered in Scotland or LP - 4 Edinburgh 2

Please list members	in alphabetical order			
In the case of a member that is a corporation or a		Details of new members must t	pe notified on form LLP288a	
Scottish firm, the name is the	Surname or Corporate Name	ANARFI		
corporate or firm name.	Forename(s)	ROBERT		
** Tick this box if the address shown	Address **	1 CYPRUS ROAD		
is a service address for the beneficiary				
of a Confidentiality Order granted under section 723B of the Companies Act 1985 otherwise, give your usual residen- tial address. In the case of a corpora-	Post town	FAREHAM		
	County / Region	HAMPSHIRE	Postcode PO14 4JY	
	Country	U.K.	Tick box if designated member	
tion or Scottish firm, give the regis- tered or principal office address.				
			Day Month Year	
	Member Reference Number *(as advised	Date	e of Birth 2 1 1 0 1 9 7 2	
* Voluntary information	by Companies House)			
Members Please list members In the case of a member that is a corporation or a	in alphabetical order	Details of new members must	be notified on form LLP288a	
Scottish firm, the name is the corporate or firm name.	Surname or Corporate Name	ANARFI		
	Forename(s)	SHARON		
** Tick this box if	Address **	1 CYPRUS ROAD		
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 corpora- tion or Scottish firm, give the registered or principal office address.	Post town	FAREHAM		
	County / Region	HAMPSHIRE	Postcode PO14 4JY	
	Country	U.K. Tick box if designated member		
	Member Reference		Day Month Year	
	Number *(as advised by Companies House)	Dat	e of Birth 2 3 0 1 1 9 7 7	

Members

* Voluntary information