

Please complete in typescript.

- for the record -

## 100034 / 30 LLP363

**Annual Return of a Limited** 

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or in bold black capitals.	

or in bold black c	apitals.			Liability Partnership
CHWP000  LLP Num  Full Name of Lim  Liability Partners		Number	OC302837	
			THE ACADEMY OF BUSINESS CONS	BULTANTS
т	Date of thin he information is		Day Month Year  1 9 0 8 2 0 0 9	
retu the	Date of nexulusish to make urn on a date eanniversary of ease show the	e your next earlier than this return	Day Month Year	
must be notified on this Form LLP287.		MOORSIDE LODGE		
		as at the date of this return.	PANORAMA DRIVE	
		Post town	ILKLEY	
		County	WEST YORKSHIRE	UK Postcode LS29 9RA
If there is a registe	Debenture	gister of Holders		
register or part of it, which is not kept at the		Post town County		UK Postcode
here where it is kept		embers o	on page 2	rosicode
		As a designated member I certify that the true to the pest of my knowledge and be		
		Designated Member	Date 26TH AUGUST 2009	
RDAY		nd it nies. ∋ to	This return includes (enter numb	continuation sheets.
A08 05		272	When you have completed and signed Registrar of Companies at:  Companies House, Crown Way, Cardif	ff, CF14 3UZ DX 33050 Cardiff
A48 2	A844YCRR* - 7.7/08/2009 PANIES HOUSE	20	for partnerships registered in England and Companies House, 139 Fountainbridge for partnerships registered in Scotland	

Members Please list members	in alphabetical order	
In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.		Details of new members must be notified on form LLP288a
	Sumame or Corporate Name	ARMSTRONG
	Forename(s)	ANTHONY JOHN
<sup>††</sup> Tick this box if the address shown is a service address for the beneficiary of a Confidentiality	Address <sup>††</sup>	MOORSIDE LODGE
		PANORAMA DRIVE
Order granted under section 723B of the Companies Act	Post town	ILKLEY
1985 otherwise, give your usual residen-	County / Region	WEST YORKSHIRE UK Postcode LS29 9RA
tial address. In the case of a corpora- tion or Scottish	Country	ENGLAND Tick box if designated member
firm, give the regis- tered or principal office address.		
* Voluntary information	Member Reference Number *(as advised by Companies House)	Day Month Year  Day Month Year  Day Month Year
<b>Members</b> Please list members	in alphabetical order	
In the case of a member that is a corporation or a		Details of new members must be notified on form LLP288a
Scottish firm, the name is the	Surname or Corporate Name	OWEN
corporate or firm name.	Forename(s)	DAVID HUGH
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 corporation or Scottish firm, give the registered or principal office address.	Address **	SWALLOW HOUSE
		COCKING LANE, ADDINGHAM MOORSIDE
	Post town	ILKLEY
	County / Region	WEST YORKSHIRE UK Postcode LS29 0QQ
	Country	ENGLAND Tick box if designated member
	Member Reference	Day Month Year
	Number * (as advised	Date of Birth 0 8 0 7 1 9 4 6

\* Voluntary information