

Please complete in typescript, or in bold black capitals.

CHWP000

LLP363

JUN 2005

COMPANIES

301

Annual Return of a Limited **Liability Partnership**

Full Nam	e of	Limited
Liability	Part	nership

MARP CONSULTING LABILITY PARTNICKSHIP

Date of this return

LLP Number

The information in this return is made up to Month Year 015 21005

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 must be notified on Form LLP287.

Registered Office

Show here the address as at the date of this return.

Post town

County

TINOUS **ひしれ**ぐ S

RUAD

UK Postcode

SELL LXB

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 on page 2

Certificate As a designated member I certify that the information given in this return is true to the best of my knowledge and belief.

Signed

Date

ک نند کسر

Designated Member

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to Companies House.

COMPANIES HOUSE 08/06/05 This return includes

continuation sheets.

(enter number)

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

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

Members Please list members in alphabetical order In the case of a member that is a Details of new members must be notified on form LLP288a corporation or a Surname or Scottish firm, the POOLE Corporate Name name is the corporate or firm Forename(s) MARTYN RICHARI name. # Tick this box if Address # the address shown is a service address for the beneficiary of a Confidentiality Order granted under . Post town section 723B of the 00000 O-**Companies Act** UK 1985 otherwise, give County / Region CHO Postcode your usual residential address. In the Tick box if designated member case of a corpora-Country tion or Scottish firm, give the registered or principal office address. Day Month Year Member Reference Number *(as advised Date of Birth 18313 οl 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 Scottish firm, the Surname or SIMMONIS name is the Corporate Name corporate or firm Forename(s) name. ANNE LESLEY Address # # Tick this box if PORT the address shown is a service address for the beneficiary of a Confidentiality Order granted under Post town 130 G CO 0-1 section 723B of the UΚ Companies Act 1985 County / Region otherwise, give your Postcode usual residential Tick box if designated member address. In the Country case of a corporation or Scottish firm, give the registered or principal office address. Day Month Year Member Reference Number *(as advised Date of Birth

* Voluntary information

by Companies House)

91610