



Companies House

for the record

Please complete in typescript,  
or in bold black capitals.

CHWP000

# LLP363

## Annual Return of a Limited Liability Partnership

LLP Number

OC304834

Full Name of Limited  
Liability Partnership

MT Thaler Investment Management LLP

Date of this return

The information in this return  
is made up to

Day Month Year

0 5 0 6 2 0 0 7

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

Registered Office

Any change of  
registered office  
must be notified on  
Form LLP287

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

8, Fredenck's Place

Post town

London

County

UK  
Postcode

EC2R 8HY

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

Designated Member

Date

05/06/07

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

This return includes

1

continuation sheets

(enter number)



A17

\*AORWE0QP\*

20/06/2008

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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

DX 33050 Cardiff

for partnerships registered in England and Wales

or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

DX 235 Edinburgh

for partnerships registered in Scotland

or LP - 4 Edinburgh 2

FRIDAY

## 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.*

☐ **\*\* Tick this box if 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.**

Details of new members must be notified on form LLP288a

Surname or Corporate Name	MT Thaler Services Company, LTD		
Forename(s)			
Address **	8, Frederick's Place		
Post town			
County / Region	London	UK Postcode	EC2R 8HY
Country	UK	Tick box if designated member <input checked="" type="checkbox"/>	

Member Reference Number \*(as advised by Companies House)

18653

Date of Birth

Day	Month	Year
0	6	2003

\* Voluntary information

## 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.*

☐ **\*\* Tick this box if 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.**

Details of new members must be notified on form LLP288a

Surname or Corporate Name	Sonenshine		
Forename(s)	Michael		
Address **	16, Lawn Road		
	Garden Flat		
Post town	London		
County / Region		UK Postcode	NW3 2XR
Country	UK	Tick box if designated member <input checked="" type="checkbox"/>	

Member Reference Number \*(as advised by Companies House)

18652

Date of Birth

Day	Month	Year
2	6	1964

\* Voluntary information

Please complete in typescript,  
or in bold black capitals.

CHWP000

# LLP363 cont

## Annual Return (continuation sheet)

LLP Number

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*

☐ **\*\* Tick this box if 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.**

Details of new members must be notified on form LLP2 88a

Surname or Corporate Name	<input type="text" value="Hodges"/>		
Forename(s)	<input type="text" value="Jill"/>		
Address **	<input type="text" value="33, Epirus Road"/>		
	<input type="text"/>		
Post town	<input type="text" value="London"/>		
County / Region	<input type="text"/>	UK Postcode	<input type="text" value="SW8 7UR"/>
Country	<input type="text"/>	Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number \*(as advised by Companies House)

Date of Birth

Day	Month	Year
<input type="text" value="2"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
<input type="text" value="4"/>	<input type="text" value="1"/>	<input type="text" value="9"/>
<input type="text" value="6"/>	<input type="text" value="8"/>	<input type="text" value="8"/>

\* Voluntary information

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*

☐ **\*\* Tick this box if 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.**

Details of new members must be notified on form LLP2 88a

Surname or Corporate Name	<input type="text" value="Aserkoff"/>		
Forename(s)	<input type="text" value="David"/>		
Address **	<input type="text" value="Flat 2, The Pryors,"/>		
	<input type="text" value="East Heath Road"/>		
Post town	<input type="text" value="London"/>		
County / Region	<input type="text"/>	UK Postcode	<input type="text" value="NW3 1BS"/>
Country	<input type="text"/>	Tick box if designated member	<input type="checkbox"/>

Member Reference Number \*(as advised by Companies House)

Date of Birth

Day	Month	Year
<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="7"/>	<input type="text" value="1"/>	<input type="text" value="9"/>
<input type="text" value="7"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

\* Voluntary information

04/02