

Please complete in typescript, or in bold black capitals.

CHWP000

LLP288a

(LLP Act 2000 Section 9)

Appointment of a Member to a Limited **Liability Partnership**

(NOT for terminating membership (use Form LLP288b) or change of particulars (use Form LLP288c))

LLP Number	OC305433
Full Name of Limited Liability Partnership	The Second Scotts Atlantic Distributors LLP
Date of appointment * Voluntary Information	Day Month Year 2 6 0 2 2 0 0 4 Day Month Year Day Month Year Date of birth 2901 1963
Peers or others known by a title may use the title instead of or in addition to Surname or Corporate name Forename(s)	Mc CARTHY CHAIRED TOUR
Usual residential address ††	2 WHERSIDE COTTAGES, SONNING
the address shown is a service address Post town for the	SONNING EYE Postcode RG4 6TT.
beneficiary of a Confidentiality County / Region Order granted	DXFORD SHIRE Country UK.
under section 723B of the Designated member Companies Act 1985 otherwise, give your usual residential address. In the	I consent to act as a member of the above named limited liability partnership
case of a Consent signature corporation, give the registered or principal office address.	Another Member being a Designated Member must sign and date the form in the boxes below.
Signed	19000101 Date 26/02/20074
You do not have to give any contact information in the box opposite but if you do, it will help Companies House to contact you if there is a query on the form. The contact information	Scotts, The Communications Building, 48 Leicester Square,
that you give will be visible to searchers of the public record.	London WC2H 7DB Tel 020 7004 7020 E-mail
7e	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
A03 0713 COMPANIES HOUSE 28/02/04 Form April 2002	for partnerships registered in England and Wales or Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland DX ED235 Edinburgh