

Please complete in typescript.

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Annual Return of a Limited

or in bold black cap	pitals.	Liability Partnership				
CHWP000	LLP Number	OC307296				
Full Name of Limited Liability Partnership		INGRAM FORREST CORPORATE FINANCE LLP				
	Date of this return e information in this return is made up to	Day Month Year 1 8 0 3 2 0 9				
lf you retur the ai	Date of next return wish to make your next n on a date earlier than nniversary of this return ase show the date here.					
Any change of registered office must be notified on	Registered Office Show here the address as at the date of	2 RUTLAND PARK				
Form LLP287.	this return. Post town	SHEFFIELD				
	County	SOUTH YORKSHIRE UK Postcode S10 2PD				
С	Register of Debenture Holders	2 RUTLAND PARK				
If there is a register debenture holders, or duplicate of any su register or part of	r a ch Post town	SHEFFIELD				
which is not kept at t registered office, sta here where it is kept		SOUTH YORKSHIRE UK Postcode S10 2PD				
nere unere a la Repa	List members of					
	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 18. 03. 09.				
		Designated Member				
with the fee to the F	gned the return send it Registrar of Companies.	This return includes continuation sheets.				
ADIOL8G2 A74 25/03/2009 33 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 for partnerships registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland OX 235 Edinburgh or LP - 4 Edinburgh				

Please list members	in alphabetical order					
In the case of a member that is a corporation or a		TEURREST				
Scottish firm, the name is the	Surname or Corporate Name					
corporate or firm name.	Forename(s)	DAVID				
** Tick this box if the address shown	Address **	26 SEFTON 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	SHEFFIELD				
	County / Region	SOUTH YORKSHIRE UK Postcode S10 3TP			S10 3TP	
	Country	ENGLAND	GLAND Tick box if		designated member	
tion or Scottish firm, give the regis- tered or principal office address.						
				Da	ay Month Y	'ear
	Member Reference Number *(as advised by Companies House)	28623	Date	of Birth 0	1 0 1 1 9	5 6
* Voluntary information	by Companies Flouse,					
Members Please list members	in alphabetical order					
In the case of a member that is a		Details of new members n	nust b	e notified o	on form LLP288	a
corporation or a Scottish firm, the name is the corporate or firm name.	Surname or Corporate Name	INGRAM			.	
	Forename(s)	STEPHEN		***		
** Tick this box if	Address **	HAMBLETON				
the address shown is a service address for the beneficiary of a Confidentiality Order granted under section 7238 of the Companies Act 1985 otherwise, give your usual residential address. In the case of a corpora-		BELGRAVE DRIVE				-
	Post town	SHEFFIELD		-		
	County / Region	SOUTH YORKSHIRE		UK Postcode	S10 3LQ	
	Country	ENGLAND		Tick box if de	esignated member	
tion or Scottish firm, give the registered or principal office address.						
	Member Reference			Da	ay Month Y	'ear
	Number *(as advised by Companies House)	28622	Date	of Birth 0	2 0 4 1 9	4 9
* Voluntary	Dy Companios House)					

Members

information