

50079b LLP363

Liability Partnership

Please complete in typescript,				
or in bold black capitals	•			
CHFP010	HPI			

Number

Full Name of Limited **Liability Partnership**

Develica MacNiven (Streatham) LLP	OC311057					
	Develica	MacNiven	(Streatham)	LLP	<u> </u>	

Date of this return

The information in this return is made up to

D	Day		Month		Ye	ear	
1	7	0	1	2	0	0	8

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	

7 Queen Street, Mayfair

Registered Office

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

Any change of registered office must be notified on form LLP287

Post town

Lo

County

ndon			
	UK Postcode	WlJ	5PB

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

			
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•	Dank		

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

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

Designated Member

Date

17/ /08

Companies House

A26

23/01/2008 **COMPANIES HOUSE** 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 or

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 alpha	abetical order	
In the case of a member that a corporation or a Scottish fit		Details of new members must be notified on form LLP288a
the name is the corporate or firm name	Corporate Name	I Develora T. I.I.P
	Forename(s)	
†† Tick this box if the address shown is a	Address ††	24 Great King Street
service address for the beneficiary of a Confidentiality Order		
granted under section 723B of the Companies Act 1985	Post town	
otherwise, give your usual residential	County / Region	Postcode EH3 6QN
address In the case of a corporation or Scottish firm, give the	Country	Tick box if designated member X
registered or principal office address		
	r Reference Number *(as	
* Voluntary Information	ed by Companies House)	Birth
Members Please list members in alpha In the case of a member tha		Details of new members must be notified on form LLP288a
a corporation or a Scottish fi the name is the corporate or firm name	Quillanic of	Dovolica Management Limited
	Forename(s)	
†† Tick this box if the address shown is a service address for	Address ††	7 Queen Street, Mayfair
the beneficiary of a Confidentiality Order		
granted under section 723B of the Companies Act 1985	Post town	
otherwise, give your usual residential	County / Region	Postcode W1J 5PB
address in the case of a corporation or Scottish firm, give the registered or principal office address	Country	Tick box if designated member X
	r Reference Number *(as	1 (5 (81)
advis * Voluntary Information	ed by Companies House)	Birth

BLUEPRINT 2000

Members Please list members in alphab	netical order	
In the case of a member that a corporation or a Scottish firm	s	Details of new members must be notified on form LLP288a
the name is the corporate or firm name	n. Surname or Corporate Name	Macniven & Cameron (Streatham) Limited
	Forename(s)	
†† Tick this box if the address shown is a service address for the beneficiary of a	Address ††	7 Queen Street, Mayfair
Confidentiality Order granted under section 723B of the	Post town	London
Companies Act 1985 otherwise, give your	County / Region	UK Postcode W1J 5PB
usual residential address in the case of a corporation or Scottish firm, give the	Country	Tick box if designated member X
registered or principal office address		Day Month Year
	Reference Number *(as d by Companies House)	4 4 0 5 1 Date of Birth
* Voluntary Information		
Members Please list members in alphab In the case of a member that i		Details of new members must be notified on form LLP288a
a corporation or a Scottish firm the name is the corporate or firm name	n, Surname or Corporate Name	
	Forename(s)	
†† Tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order	Address ††	
granted under section 723B of the	Post town	
Companies Act 1985 otherwise, give your usual residential	County / Region	UK Postcode
address. In the case of a corporation or Scottish firm, give the registered or principal office address	Country	Tick box if designated member
advised	Reference Number *(as d by Companies House)	Day Month Year Date of Birth
* Voluntary Information		

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