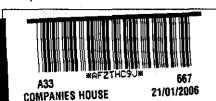


LLP363

Annual Return of a Limited

Please complete in typescript, or in bold black capitals. **Liability Partnership** CHWP000 001824 **LLP Number Full Name of Limited Liability Partnership** Month Y-ear Date of this return The information in this return is made up to Date of next return Day Month Year If you wish to make your next return on a date earlier than the anniversary of this return please show the date here. **Registered Office** Any change of Show here the address registered office as at the date of must be notified on this return. Form LLP287. Post town County Postcode Register of **Debenture Holders** If there is a register of debenture holders, or a duplicate of any such Post town register or part of it, which is not kept at the UK County registered office, state Postcode here where it is kept 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 This return includes continuation sheets. (enter number)

When you have signed the return send it with the fee to the Registrar of Companies. Cheques should be made payable to 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 DX 235 Edinburgh for partnerships registered in Scotland or LP - 4 Edinburgh 2

DX 33050 Cardiff

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Please list membe	rs in alphabelical order			٠			
In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.							
	Surname or Corporate Name						
	Forename(s)						
†† Tick this box if the address shown	Address **	1st floor Yamraj building					
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		market sq, road town					
	Post town						
	County / Region	Tortola		UK Postcode			
	Country	British Virgin Is	slands	Tick box if o	designated	d member	
firm, give the regis- tered or principal office address.					,	* *	7
omes address.	- -		•	 3	- .		÷.
	Member Reference Number *(as advised		Date	of Birth	Day Mon	ith Ye	ar
* Voluntary	by Companies House)		_]: 5	L			
information					p i		
Members Please list members	s 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 Scottish firm, the name is the corporate or firm name.	Surname or Corporate Name	Milltown Corporat	e Ser	vices l			
	Forename(s)				· · · · · · · · · · · · · · · · · · ·	÷	
†† Tick this box if	Address ^{f†}	1st floor Yamraj	buil:	ding			
the address shown is a service address		market sq, road t	1				
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 corpora-	Post town						
	County / Region	Tortola		UK Postcode			.
	· · · · · · · · · · · · · · · · · · ·	British Virģin Is	lands ^{Ti}	ick box if de	esignated	member	
tion or Scottish firm, give the registered or principal office			·			_	
address.				Da	ay Mont	h Yea	r
	Member Reference Number *(as advised		Date of		ay work	li lea	
	by Companies House) └		•	لــــا			

* Voluntary information