



# LLP288c

(LLP Act 2000: Section 9)

## Change of Particulars of a Member of a Limited Liability Partnership

(to appoint a member use Form LLP288a  
to terminate membership use Form LLP288b)

Please complete in typescript,  
or in bold black capitals.

CHFP025

Sections A & D must be completed, Sections B & C to be completed as appropriate

<b>A</b>	<b>Current Details</b> (to be completed in all cases)	<b>LLP Number</b>	0C311297														
		<b>Full Name of Limited Liability Partnership</b>	Baker & McKenzie LLP														
		<b>Current members name</b> (complete in all cases)	Peter William Strivens														
		<b>Member Reference Number*</b> (As advised by Companies House)	54823	<b>Date of Birth</b>	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td></td><td></td><td></td></tr></table>	Day	Month	Year									
Day	Month	Year															
		<b>Date of change of particulars must be entered in all cases</b>	<table border="1"><tr><td>Day</td><td>Month</td><td>Year</td></tr><tr><td>0</td><td>1</td><td>0</td></tr><tr><td>2</td><td>2</td><td>0</td></tr><tr><td>0</td><td>0</td><td>9</td></tr></table>	Day	Month	Year	0	1	0	2	2	0	0	0	9		
Day	Month	Year															
0	1	0															
2	2	0															
0	0	9															

<b>B</b>	<b>Change of status of member</b>	The person named above is now a designated member / member (delete as appropriate) of the above named limited liability partnership. I consent to act as a member of the above named limited liability partnership.		
		<b>Consent Signature</b> (only sign if change of designation)	<b>Date</b>	

<b>C</b>	<b>Change of name</b> (enter new name) <small>Peers or others known by a title may use the title instead of or in addition to their name</small>	<b>Full name or Corporate name</b>								
	<b>Change of address</b> (enter new address) <small>†† Only tick this box if the address shown is a service address for the beneficiary of a Confidentiality Order granted under the provisions of section 723B of the Companies Act 1985</small>	<b>Usual Residential Address ††</b>	21 Highbury Hill							
	<input type="checkbox"/>	<b>Post town</b>	London							
		<b>County / Region</b>	<b>UK Postcode</b>	<table border="1"><tr><td>N</td><td>5</td><td>1</td><td>S</td><td>U</td></tr></table>		N	5	1	S	U
N	5	1	S	U						
		<b>Country</b>								

<b>D</b>	<b>Authorisation</b> (to be completed in all cases)	Another Member being a Designated Member must sign and date the form in the boxes below.		
	<b>Signed</b>		<b>Date</b>	2/2/09

Designated Member

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 that you give will be visible to searchers of the public record.

R I Wells, Partnership Secretary  
100 New Bridge Street  
London EC4V 6JA

Tel 0208 919 1674  
DX number 233 DX exchange London Chancery Lane

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



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COMPANIES HOUSE

FRIDAY