

05/880001

LP363

Annual Return of a Limited

Please complete in typescript, **Liability Partnership** or in bold black capitals. CHWP000 OC316594 **LLP Number** 0800REFRESH LLP **Full Name of Limited Liability Partnership** Day Month Year Date of this return The information in this return 2 0 0, is made up to Date of next return Month Year Day 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 3 DIMOND CLOSE Any change of Show here the address registered office as at the date of must be notified on this return. Form LLP287. Post town SOUTHAMPTON UK SO18 1LF County **HAMPSHIRE** 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, UK which is not kept at the 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. Date 28. 12.2008 Signed Designated Member When you have signed the return send it continuation sheets. This return includes with the fee to the Registrar of Companies. Cheques should be made navable to (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

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB

for partnerships registered in Scotland

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30/01/2009

COMPANIES HOUSE

L40

DX 235 Edinburgh

or LP - 4 Edinburgh 2

Please list members i	in alphabetical order		
In the case of a member that is a corporation or a	,	Details of new members m	nust be notified on form LLP288a
Scottish firm, the name is the	Surname or Corporate Name	CAMPBELL	
corporate or firm name.	Forename(s)	ELSIE JOHANA	
# Tick this box if the address shown	Address **	3 DIMOND CLOSE	
is a service address for the beneficiary			
of a Confidentiality Order granted under section 723B of the	Post town	SOUTHAMPTON	
Companies Act 1985 otherwise, give your usual residen-	County / Region	HAMPSHIRE	UK SO18 1LF
tial address. In the case of a corpora-	Country	ENGLAND	Tick box if designated member
tion or Scottish firm, give the regis- tered or principal office address.			
	Member Reference		Day Month Year
	Number *(as advised by Companies House)	65020	Date of Birth 0 9 0 6 1 9 7 5
* Voluntary information	,		
Members Please list members	in alphabetical order		
In the case of a member that is a		Details of new members n	nust be notified on form LLP288a
corporation or a Scottish firm, the name is the corporate or firm name.	Surname or Corporate Name	CAMPBELL	
	Forename(s)	ALISDAIR	
** Tick this box if	Address **	3 DIMOND CLOSE	
the address shown 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 corpora-			
	Post town	SOUTHAMPTON	
	County / Region	HAMPSHIRE	Postcode SO18 1LF
	Country	ENGLAND	Tick box if designated member
tion or Scottish firm, give the registered or principal office address.			
			Day Month Year
	Member Reference Number *(as advised by Companies House)		Date of Birth 0 2 0 4 1 9 7 0

Members

* Voluntary information