

## **.LP363**

Please complete or in bold black o		Liability Partnership
CHWP000	LLP Number	
•	ull Name of Limited iability Partnership	A.B.S. (CHICHESTER) LLP
ר	Date of this return The information in this return is made up to	Day Month Year  0   7   0   9   2   0   0   9
ret the	Date of next return u wish to make your next urn on a date earlier than anniversary of this return ease show the date here.	Day Month Year
Any change of registered office must be notified on Form LLP287.	Registered Office Show here the address as at the date of this return.	70 SOUTH STREET
	Post town	LANCING
	County	WEST SUSSEX  UK Postcode BN15 8AJ
	Register of Debenture Holders	
If there is a registe debenture holders, duplicate of any s register or part o which is not kept at registered office, s here where it is kept	or a uch Post town f it, the	, UK Postcode
	List members o	on page 2
	Certificate  \( \frac{\partial}{\partial} \text{\$\mathcal{B}}{\$Condense of the condition of the condit	As a designated member I certify that the information given in this return is true to the best of my knowledge and belief.  Date 09.09.09
with the fee to the	igned the return send it Registrar of Companies. be made payable to	This return includes continuation sheets.
	######################################	When you have completed and signed the form please send it to the



01/10/2009 A56 **COMPANIES HOUSE**  Registrar of Companies at: DX 33050 Cardiff

Companies House, Crown Way, Cardiff, CF14 3UZ for partnerships registered in England and Wales or

Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB DX 235 Edinburgh or LP - 4 Edinburgh 2 for partnerships registered in Scotland

Members		
	s in alphabetical order	
In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.		Details of new members must be notified on form LLP288a
	Surname or Corporate Name	MCBRAYNE
	Forename(s)	GARY PAUL
** Tick this box if the address shown	Address **	14 DARLINGTON CLOSE
is a service address for the beneficlary of a Confidentiality		ANGMERING
Order granted under section 723B of the	Post town	LITTLEHAMPTON
Companies Act 1985 otherwise, give your usual residen-	County / Region	WEST SUSSEX  UK Postcode BN16 4GS
tial address. In the case of a corpora- tion or Scottish	Country	ENGLAND Tick box if designated member
firm, give the regis- tered or principal office address.		
<b>V</b>		
	Member Reference Number *(as advised	79993 Date of Birth 1 1 3 0 19 1 19 6 7
* Voluntary	by Companies House)	
information		
Members Please list members	s in alphabetical order	
In the case of a member that is a corporation or a Scottish firm, the name is the corporate or firm name.	·	Details of new members must be notified on form LLP288a
	Surname or Corporate Name	MCBRAYNE
	Forename(s)	GEORGINA
<sup>††</sup> Tick this box if	Address **	14 DARLINGTON 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-		ANGMERING
	Post town	LITTLEHAMPTON
	County / Region	WEST SUSSEX  UK Postcode BN16 4GS
	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	82881 Date of Birth 1 , 5 0 , 5 1 , 9 , 6 , 8
	by Companies House)	54.0 01 51.01

\* Voluntary information