



Companies House

— for the record —

Please complete in typescript,
or in bold black capitals.

CHWP000

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LLP363

Annual Return of a Limited Liability Partnership

LLP Number

OC324301

Full Name of Limited
Liability Partnership

ABSOLUTE RETURN CAPITAL MANAGEMENT LLP

Date of this return

The information in this return
is made up to

Day Month Year

3 0 1 1 2 0 0 7

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

Registered Office

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

10 COLDBATH SQUARE

Any change of
registered office
must be notified on
Form LLP287.

Post town

London

County

UK
Postcode EC1R 5HL

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

UK
Postcode

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

Mark Duff

Designated Member

Date

25/2/2009.

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

This return includes

1

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

DX 235 Edinburgh

for partnerships registered in Scotland

or LP - 4 Edinburgh 2



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ASX3Y7PW

26/02/2009

COMPANIES HOUSE

104

THURSDAY

Members

Please list members 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.

†† Tick this box if 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 corporation or Scottish firm, give the registered or principal office address.

☐

Details of new members must be notified on form LLP288a

Surname or Corporate Name

DENBY

Forename(s)

MARK CHRISTIAN PAUL

Address ††

17 RODYARD WAY

Post town

COVENTRY

County / Region

UK
Postcode

CV1 2UD

Country

UNITED KINGDOM

Tick box if designated member

☒

Member Reference
Number *(as advised
by Companies House)

Date of Birth

Day	Month	Year
2	3	0
6	1	9
7	3	

* Voluntary
information

Members

Please list members 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.

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☐

Details of new members must be notified on form LLP288a

Surname or Corporate Name

BRITAIN

Forename(s)

MATTHEW WILLIAM

Address ††

47 FOW OAK

NAILCOTE GRANGE

Post town

COVENTRY

County / Region

UK
Postcode

CV4 9XS

Country

UNITED KINGDOM

Tick box if designated member

☒

Member Reference
Number *(as advised
by Companies House)

Date of Birth

Day	Month	Year
1	2	1
1	9	7
8		

* Voluntary
information

Please complete in typescript,
or in bold black capitals.

CHWP000

LLP363 cont

Annual Return (continuation sheet)

LLP Number OC324301

Members (Please list members in alphabetical order)

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Details of new members must be notified on form LLP288a

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☐

Surname or Corporate Name

BARNETT

Forename(s)

JEFFREY DAVID

Address ††

LA ROCHELLE

RUE DE LA BANQUETTE CASTEL

Post town

County / Region

GUERNSEY

UK Postcode GY5 7EQ

Country

CHANNEL ISLANDS

Tick box if designated member



Member Reference Number *(as advised by Companies House)

Date of Birth

Day	Month	Year
1	3	0 6 1 9 6 2

* Voluntary information

Members (Please list members in alphabetical order)

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☐

Surname or Corporate Name

BARNETT

Forename(s)

LORNA JANE

Address ††

LA ROCHELLE

RUE DE LA BANQUETTE CASTEL

Post town

County / Region

GUERNSEY

UK Postcode GY5 7EQ

Country

CHANNEL ISLANDS

Tick box if designated member



Member Reference Number *(as advised by Companies House)

Date of Birth

Day	Month	Year
2	4	0 6 1 9 7 7

* Voluntary information