

Annual Return of a Limited

Please complete in ty or in bold black capit		Liability Partnership		
CHWP000	LLP Number	OC331129		
• •	Name of Limited ility Partnership	ABER PROPERTY INVESTMENTS LL	.P	
	ate of this return nformation in this return is made up to	Day Month Year 0 6 0 9 2 0 0 9		
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		
	egistered Office w here the address as at the date of this return.	CAXTON HOUSE		
		WATERMARK WAY		
	Post town	HERTFORD		
County		HERTFORDSHIRE	UK Postcode	SG13 7TZ
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	I I
	List members o	on page 2		
	Certificate	As a designated member I certify that to true to the best of my knowledge and be		ion given in this return is
Signed		A	Date	07/12/2009
		Designated Member		
When you have signed the return send it with the fee to the Registrar of Companies.		I bie roturn includes I	contin	uation sheets.

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, CF143UZ DX 33050 Cardiff for partnerships registered in England and Wales or

(enter number)

Companies House, 139 Fountainbridge Edinburgh, EH3 9FF DX 235 Edinburgh for partnerships registered in Scotland or LP - 4 Edinburgh 2

Please list member	s in alphabetical order			
In the case of a member that is a corporation or a		Details of new members must be notified on form LLP288a		
Scottish firm, the name is the corporate or firm name.	Surname or Corporate Name	BOND		
	Forename(s)	ALLEN		
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	Address ^{††}	9 ALLARD WAY		
	Post town	BROXBOURNE		
	County / Region	HERTFORDSHIRE UK Postcode EN10 7ER		
	Country	UNITED KINGDOM Tick box if designated member		
firm, give the regis- tered or principal office address.				
		Day Month Year		
	Member Reference Number * (as advised	Date of Birth 0 3 0 3 1 9 4 9		
* Voluntary information	by Companies House)			
Members Please list members in alphabetical order In the case of a				
member that is a corporation or a Scottish firm, the	Surname or	Details of new members must be notified on form LLP288a		
name is the corporate or firm	Corporate Name	ROBINSON		
name.	Forename(s)	EARL		
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.	Address **	WATFORD HOUSE		
		WESTMILL		
	Post town	BUNTINGFORD		
	County / Region	Postcode SG9 9LL		
	Country	UNITED KINGDOM Tick box if designated member		
	Marsha Differen	Day Month Year		
	Member Reference Number *(as advised	Date of Birth 0 ,9 0 ,3 1 ,9 ,6 ,1		
	by Companies House)			

Members

* Voluntary information