

000290/30



Companies House

— for the record —

Please complete in typescript,
or in bold black capitals.

CHWP000

LLP363**Annual Return of a Limited
Liability Partnership**

LLP Number OC338176

Full Name of Limited
Liability Partnership ABBEY ENG LLP**Date of this return**The information in this return
is made up to

Day		Month		Year	
1	7	0	7	2	0
				0	9

Date of next returnIf 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	
1	7	0	7	2	0
				1	0

Registered OfficeAny change of
registered office
must be notified on
Form LLP287.Show here the address
as at the date of
this return.

Suite 26, Century Buildings

Brunswick Business Park, Tower Street

Post town Liverpool

County Merseyside

UK
Postcode L3 4BJ**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

Date

29-6-09

Designated Member

It
s.
o

This return includes

1

continuation sheets.

(enter number)



A15	*ARK0YBNH*	164
	18/07/2009	
	COMPANIES HOUSE	
PC1	*PC5PRBDA*	830
	08/07/2009	
	COMPANIES HOUSE	

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

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	Ashman		
Forename(s)	Stephen		
Address ††	31 Papillon Drive		
	Fazakerley		
Post town	Liverpool		
County / Region	Merseyside	UK Postcode	L9 9HL
Country	England	Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number * (as advised by Companies House)

Day	Month	Year
1	3	0 7 1 9 6 2

* 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.

†† 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	Ashman		
Forename(s)	Gillian Selby		
Address ††	31 Papillon Drive		
	Fazakerley		
Post town	Liverpool		
County / Region	Merseyside	UK Postcode	L9 9HL
Country	England	Tick box if designated member	<input type="checkbox"/>

Member Reference Number * (as advised by Companies House)

Day	Month	Year
2	5	1 1 1 9 5 9

* Voluntary Information

Please complete in typescript,
or in bold black capitals.

CHWP000

LLP363 cont

Annual Return (continuation sheet)

LLP Number

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	<input type="text" value="Highman"/>		
Forename(s)	<input type="text" value="Emma"/>		
Address ^{††}	<input type="text" value="6 Kingfisher Drive"/>		
	<input type="text"/>		
Post town	<input type="text" value="St Helens"/>		
County / Region	<input type="text" value="Merseyside"/>	UK	<input type="text" value="WA11 9YQ"/>
Country	<input type="text" value="England"/>	Postcode	<input type="text"/>
		Tick box if designated member	<input type="checkbox"/>

Member Reference Number *(as advised by Companies House)

Date of Birth

Day	Month	Year
<input type="text" value="0"/> <input type="text" value="9"/>	<input type="text" value="0"/> <input type="text" value="8"/>	<input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="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.

☐ ^{††} 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	<input type="text" value="Jones"/>		
Forename(s)	<input type="text" value="Christopher"/>		
Address ^{††}	<input type="text" value="6 Kingfisher Drive"/>		
	<input type="text"/>		
Post town	<input type="text" value="St Helens"/>		
County / Region	<input type="text" value="Merseyside"/>	UK	<input type="text" value="WA11 9YQ"/>
Country	<input type="text" value="Merseyside"/>	Postcode	<input type="text"/>
		Tick box if designated member	<input checked="" type="checkbox"/>

Member Reference Number *(as advised by Companies House)

Date of Birth

Day	Month	Year
<input type="text" value="1"/> <input type="text" value="0"/>	<input type="text" value="0"/> <input type="text" value="3"/>	<input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="6"/>

* Voluntary information