

for the record -Please complete in typescript, LLP363

## **Annual Return of a Limited**

or in bold black capitals.		Liability Partnership		
CHWP000	<b>LLP Number</b>	r OC339669		
Full Name of Limited Liability Partnership		ABORIDE ALLIANCE LLP		
	Date of this return The information in this return is made up to	n 2		
ri th	Date of next return you wish to make your next eturn on a date earlier than the anniversary of this return please show the date here.	Day Month Year		
Any change of registered offic must be notified of Form LLP287.	Registered Office Show here the address	INEVERAL STREET CORNIVAL BUILDINGS 45-51		
TOMPLET ZOY.	Post town	BIRMINGHAM		
	County	Postcode B3 3QR		
	Register of Debenture Holders			
If there is a regis debenture holders duplicate of any register or part	s, or a such Post town			
which is not kept at the registered office, state here where it is kept		UK Postcode		

List members on page 2

Certificate As a designated member I certify that the information given in this return is

Registrar of Companies at:

true to the best of my knowledge-and belief.

Signed

Designated Member

Companies House, Crown Way, Cardiff, CF14 3UZ

Date

2 9 SEP 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.

continuation sheets. This return includes (enter number)

When you have completed and signed the form please send it to the



02/10/2009 PC3 COMPANIES HOUSE

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for partnerships registered in England and Wales Companies House, 37 Castle Terrace, Edinburgh, EH1 2EB for partnerships registered in Scotland

DX 235 Edinburgh or LP - 4 Edinburgh 2

DX 33050 Cardiff

Please list members	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	Surname or Corporate Name	CONSULTING GROUP CORP.		
corporate or firm name.	Forename(s)			
†† Tick this box if the address shown	Address ***	35 BARRACK ROAD		
is a service address for the beneficiary		3RD FLOOR		
of a Confidentiality Order granted under section 723B of the	Post town	BELIZE CITY		
Companies Act 1985 otherwise, give your usual residen-	County / Region	C.A.	UK Postcode	
tial address. In the case of a corpora- tion or Scottish	Country	BELIZE	Tick box if designated member	
firm, give the regis- tered or principal				
office address.				
	Member Reference		Day Month Year	
	Number *(as advised by Companies House)	D	Pate of Birth	
* Voluntary information	, ,			
<b>Members</b> Please list members	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	Surname or Corporate Name	TRADE INVEST SYSTEM LTD.		
corporate or firm name.	Forename(s)			
<sup>††</sup> Tick this box if	Address **	35 BARRACK ROAD		
the address shown is a service address for the beneficiary		3RD FLOOR		
of a Confidentiality Order granted under section 723B of the	Post town	BELIZE CITY		
Companies Act 1985 otherwise, give your usual residential	County / Region	C.A. UK Postcode		
address. In the case of a corporation or Scottish firm, give the registered or principal office address.	Country	BELIZE	Tick box if designated member	
			Day Month Year	
	Member Reference		[ <del></del>	
	Number *(as advised by Companies House)	D.	ate of Birth	

**Members** 

\* Voluntary information

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