



LLP363

Annual Return of a Limited Liability Partnership

Please complete in typescript, or in bold black capitals.

CHWP000

LLP Number

Full Name of Limited Liability Partnership

Date of this return

The information in this return is made up to

| | | |
|----------------------|----------------------|----------------------|
| Day | Month | Year |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

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 |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Registered Office

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

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

Post town

County

UK Postcode

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

Designated Member

When you have signed the return send it with the fee of £35 to the Registrar of Companies. Cheques should be made payable to **Companies House**.

This return includes

(enter number)

continuation sheets.

Companies House receipt date barcode
This form is provided free of charge by 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

for partnerships registered in Scotland

DX ED235 Edinburgh

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"/> | | |
| Forename(s) | <input type="text"/> | | |
| Address †† | <input type="text"/> | | |
| | <input type="text"/> | | |
| Post town | <input type="text"/> | | |
| County / Region | <input type="text"/> | UK | <input type="text"/> |
| | | Postcode | <input type="text"/> |
| Country | <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"/> | <input type="text"/> | <input type="text"/> |

* Voluntary information

Members

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| | | | |
|---------------------------|----------------------|-------------------------------|--------------------------|
| Surname or Corporate Name | <input type="text"/> | | |
| Forename(s) | <input type="text"/> | | |
| Address †† | <input type="text"/> | | |
| | <input type="text"/> | | |
| Post town | <input type="text"/> | | |
| County / Region | <input type="text"/> | UK | <input type="text"/> |
| | | Postcode | <input type="text"/> |
| Country | <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"/> | <input type="text"/> | <input type="text"/> |

* Voluntary information