

Please complete in
typescript, or in black
capitals

LLP 371

**ANNUAL RETURN OF A LIMITED LIABILITY
PARTNERSHIP**

LLP Number

--

**Full Name of Limited
Liability Partnership**

Date of this return

The information in this return
is made up to

Day Month Year

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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

Any change
of registered
office must
be notified on
form LLP AD01.

County

	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

County

	Postcode	

LLP 371

ANNUAL RETURN

LLP Number

--

Members

Please list members in alphabetical order

Details of new members must be notified on form LLP 296a

In the case of a Member that is a Corporation or a Scottish firm, the Name is the corporate or firm name.

Surname or Corporate Name

--

Forename(s)

--

Address

--

Usual residential Address must be Given. In the case of a corporate or a Scottish firm, give the registered or principal office address.

County/Region

--

Country

--

Postcode

--

Tick box if designated member

* Voluntary information

Member Reference Number * (as advised by Companies Registry)

--

Date of Birth

--	--	--	--

Members

Please list members in alphabetical order

Details of new members must be notified on form LLP 296a

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Surname or Corporate Name

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Forename(s)

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County/Region

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Country

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Postcode

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* Voluntary information

Member Reference Number * (as advised by Companies Registry)

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Date of Birth

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LLP 371

ANNUAL RETURN

LLP Number

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Surname or Corporate Name

[Empty box for Surname or Corporate Name]

Forename(s)

[Empty box for Forename(s)]

Address

[Empty box for Address]

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County/Region

[Empty box for County/Region]

Country

[Empty box for Country]

Postcode

[Empty box for Postcode]

Tick box if designated member

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[Empty box for Member Reference Number]

Date of Birth

[Empty boxes for Date of Birth]

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Forename(s)

[Empty box for Forename(s)]

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County/Region

[Empty box for County/Region]

Country

[Empty box for Country]

Postcode

[Empty box for Postcode]

Tick box if designated member

* Voluntary information

Member Reference Number * (as advised by Companies Registry)

[Empty box for Member Reference Number]

Date of Birth

[Empty boxes for Date of Birth]

Certificate

As a designated member I certify that the information given in this return is true to the best of my knowledge

Signed

Date

When you have signed the return please file along with a £20 fee. Cheques should be made payable to 'Companies House'.

This Return includes

(enter number)

continuation sheets

When you have completed and signed the form please send it to:-
Companies House
2nd Floor, The Linenhall
32-38 Linenhall Street
Belfast
BT2 8BG