

# LL AR01 2015

## Annual Return of a Limited Liability Partnership (LLP)

A fee is payable with this form

### What this form is for

You may use this form to confirm that the LLP information is correct as at the date of this return. You must file an Annual Return at least once every year.

### What this form is NOT for

You cannot use this form to give notice of changes to the LLP members, the registered office address or information relating to the company records.

## Part 1

### LLP details

#### Filling in this form

Please complete in typescript or in bold black capitals.

All fields are mandatory unless specified or indicated by \*

### A1

#### LLP details

LLP number

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LLP name in full


### A2

#### Return dates

Please give the annual return made up date. The return date must not be a future date. The annual return must be delivered within 28 days of the date given below.

Date of this return

d	d	m	m	y	y	y	y
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### A3

#### Registered office address

Please give the registered office address of your company.

Building name/number

Street

Post town

County/Region

Postcode


### A4

#### Single alternative inspection location (SAIL) of the LLP records (if applicable)

Building name/number

Street

Post town

County/Region

Postcode


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A5

### Location of LLP records

Please tick the appropriate box to indicate which records are kept at the SAIL address in **Section A4**:

- ☐ Register of people with significant control.
- ☐ Register of members
- ☐ Register of debenture holders
- ☐ Instruments creating charges and register of charges: England and Wales or Northern Ireland
- ☐ Instruments creating charges and register of charges: Scotland

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## Part 2

## Officers of the LLP

### Continuation pages

Please use a continuation page if you need to enter any more officer details.

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## Corporate member

B1 Corporate member details	
Name of corporate body/firm	
Building name/number	
Street	
Post town	
County/Region	
Postcode	
Country	
Designated member	Please tick this box if you are a designated member. <input type="checkbox"/>

Continuation pages  
Please use a continuation page if you need to enter more member details.

B2 Location of the registry of the corporate body or firm	
Is the corporate member registered within the European Economic Area (EEA)? <b>Yes</b> Complete <b>Section B3 only</b> <b>No</b> Complete <b>Section B4 only</b>	

B3 EEA companies	
Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register.	
Where the company/firm is registered	
Registration number	

B4 Non-EEA companies	
Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register.	
Legal form of the corporate body or firm	
Governing law	
If applicable, where the company/firm is registered	
If applicable, the registration number	

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## Corporate member

<b>B1</b>	<b>Corporate member details</b>	<b>Continuation pages</b> Please use a continuation page if you need to enter more member details.
Name of corporate body/firm		
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		
Designated member	Please tick this box if you are a designated member. <input type="checkbox"/>	

<b>B2</b>	<b>Location of the registry of the corporate body or firm</b>	
	Is the corporate member registered within the European Economic Area (EEA)? <b>Yes</b> Complete <b>Section B3 only</b> <b>No</b> Complete <b>Section B4 only</b>	

<b>B3</b>	<b>EEA companies</b>	
	Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register.	
Where the company/firm is registered		
Registration number		

<b>B4</b>	<b>Non-EEA companies</b>	
	Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register.	
Legal form of the corporate body or firm		
Governing law		
If applicable, where the company/firm is registered		
If applicable, the registration number		

## Annual Return of a Limited Liability Partnership (LLP)

C1		Member details						
Title*								
Full forename(s)								
Surname								
Former name(s)								
Country/State of residence								
Month/year of birth	X	X	m	m	y	y	y	y
Designated member	Please tick this box if you are a designated member. <input type="checkbox"/>							

**Continuation pages**  
 Please use a continuation page if you need to enter more member details.

Building name/number	
Street	
Post town	
County/Region	
Postcode	
Country	

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## Annual Return of a Limited Liability Partnership (LLP)

### Member

<b>C1</b>	<b>Member details</b>	
Title*		
Full forename(s)		
Surname		
Former name(s)		
Country/State of residence		
Month/year of birth	<b>X</b> <b>X</b>   m   m   y   y   y   y	
Designated member	<p>Please tick this box if you are a designated member.</p> <input type="checkbox"/>	
		<b>Continuation pages</b> Please use a continuation page if you need to enter more member details.

<b>C2</b>	<b>Member's service address</b>	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

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## Annual Return of a Limited Liability Partnership (LLP)

### Member

<b>C1</b>	<b>Member details</b>	
Title*		
Full forename(s)		
Surname		
Former name(s)		
Country/State of residence		
Month/year of birth	<b>X</b> <b>X</b>   m   m   y   y   y   y	
Designated member	<p>Please tick this box if you are a designated member.</p> <input type="checkbox"/>	
		<b>Continuation pages</b> Please use a continuation page if you need to enter more member details.

<b>C2</b>	<b>Member's service address</b>	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		



## Annual Return of a Limited Liability Partnership (LLP)

C1		Member details						
Title*								
Full forename(s)								
Surname								
Former name(s)								
Country/State of residence								
Month/year of birth	X	X	m	m	y	y	y	y
Designated member	Please tick this box if you are a designated member. <input type="checkbox"/>							

**Continuation pages**  
 Please use a continuation page if you need to enter more member details.

Building name/number	
Street	
Post town	
County/Region	
Postcode	
Country	

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## Annual Return of a Limited Liability Partnership (LLP)

### Member

<b>C1</b>	<b>Member details</b>	
Title*		
Full forename(s)		
Surname		
Former name(s)		
Country/State of residence		
Month/year of birth	<b>X</b> <b>X</b>   m   m   y   y   y   y	
Designated member	<p>Please tick this box if you are a designated member.</p> <input type="checkbox"/>	
		<b>Continuation pages</b> Please use a continuation page if you need to enter more member details.

<b>C2</b>	<b>Member's service address</b>	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		

**Part 3****Disclosure of member(s) date of birth**

**Do not cover this barcode**

The next page must contain the name and full date of birth of all members who are individuals. The day of birth will not appear on the public record.

**Please show the name and full date of birth for all individual members on the next page.**

**Do not remove this page**



**This page is not shown on the public record****Do not cover this barcode****Member's name and full date of birth**

Please complete the name and full date of birth for all individual members.

Name

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Name

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Name

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Name

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Name

Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Name

Date of birth

d	d	m	m	y	y	y	y
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**Continuation pages**

Please use a continuation page if you need to enter more members' dates of birth.



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Part 4	Signature		
	This must be completed by all LLPs.		
	I am signing this form on behalf of the LLP.		
Signature	Signature		
	This form must be signed by: Designated member, Judicial factor.		



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## Where to send

**You may return this form to any Companies House address, however for expediency we advise you to return it to the appropriate address below:**

**For LLPs registered in England and Wales:**

The Registrar of Companies, Companies House,  
Crown Way, Cardiff, Wales, CF14 3UZ.  
DX 33050 Cardiff.

**For LLPs registered in Scotland:**

The Registrar of Companies, Companies House,  
Fourth floor, Edinburgh Quay 2,  
139 Fountainbridge, Edinburgh, Scotland, EH3 9FF.  
DX ED235 Edinburgh 1  
or LP - 4 Edinburgh 2 (Legal Post).

**For LLPs registered in Northern Ireland:**

The Registrar of Companies, Companies House,  
Second Floor, The Linenhall, 32-38 Linenhall Street,  
Belfast, Northern Ireland, BT2 8BG.  
DX 481 N.R. Belfast 1.

# LL AR01 2015 - continuation page

## Annual Return of a Limited Liability Partnership (LLP)

### Corporate member

<b>B1</b>	<b>Corporate member details</b>	
Name of corporate body/firm		
Building name/number		
Street		
Post town		
County/Region		
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Country		
Designated member	Please tick this box if you are a designated member. <input type="checkbox"/>	

<b>B2</b>	<b>Location of the registry of the corporate body or firm</b>	
	Is the corporate member registered within the European Economic Area (EEA)? <b>Yes</b> Complete <b>Section B3 only</b> <b>No</b> Complete <b>Section B4 only</b>	

<b>B3</b>	<b>EEA companies</b>	
	Please give details of the register where the company file is kept (including the relevant state) and the registration number in that register.	
Where the company/firm is registered		
Registration number		

<b>B4</b>	<b>Non-EEA companies</b>	
	Please give details of the legal form of the corporate body or firm and the law by which it is governed. If applicable, please also give details of the register in which it is entered (including the state) and its registration number in that register.	
Legal form of the corporate body or firm		
Governing law		
If applicable, where the company/firm is registered		
If applicable, the registration number		



In accordance with  
section 854 of the  
Companies Act 2006 as  
applied by the Limited  
Liability Partnerships  
(Application of  
Companies Act 2006)  
Regulations 2009.

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Member

C1	Member details	
Title*		
Full forename(s)		
Surname		
Former name(s)		
Country/State of residence		
Month/year of birth	X X m m y y y y	
Designated member	Please tick this box if you are a designated member. <input type="checkbox"/>	

C2	Member's service address	
Building name/number		
Street		
Post town		
County/Region		
Postcode		
Country		



**Part 3**

**Disclosure of member's date of birth**

The next page must contain the member's name and full date of birth. The day of birth will not appear on the public record.

**Please show the name and full date of birth of the individual member on the next page.**

**Do not remove this page**



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**Member's name and full date of birth**

Please complete your name and full date of birth below.

Name

Date of birth

d	d	m	m	y	y	y	y
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