


AGM - 6

ASIC registered agent number 23122  
 lodging party or agent name McGrathNicol  
 office, floor, building name or PO Box no Level 17  
 street number & name 37 St Georges Terrace  
 suburb/city Perth state / territory WA postcode 6000  
 telephone 08 6363 7600  
 facsimile 08 6363 7699  
 DX number \_\_\_\_\_ suburb / city \_\_\_\_\_

5138 made 1/1 15 July 2001

**AUSTRALIAN SECURITIES & INVESTMENTS COMMISSION**



024427655

ASS. CASH. PROC.

REQ-A  REQ-P

Australian Securities & Investments Commission

form **5138**

Notification of  
**commencement or completion of winding up of a registered scheme**

Corporations Act 2001  
 601NA, 601NB, 601NC, 601ND, 601NE  
 Regulation 5C.9.01

registered scheme name Great Southern 2006 Organic Olives Income Project  
 ARSN 112 665 308  
 responsible entity name Great Southern Managers Australia Limited (In Liquidation) (Receivers and Managers Appointed)  
 ACN 083 825 405

**Details of winding up**

commencement  completion

If winding up completed, attach to this form an annexure a copy of the scheme's audited financial report and auditor's report, prepared for the period since the date of the last financial report & completion of winding up

(tick boxes which apply)

01 FEB 2010  
 ASIC SERVICE CENTRE PERTH

- The winding up is required by the scheme's constitution  
 date of commencement (d/m/y) / /  
 date of completion (d/m/y) / /
- By a direction of the members under an extraordinary resolution  
 date of resolution (d/m/y) / /  
 date of completion (d/m/y) / /
- Scheme's purpose is accomplished or cannot be accomplished  
 date of commencement (d/m/y) 25 / 01 / 10  
 date of completion (d/m/y) / /
- An order was made by the Court  
 date of court order (d/m/y) / /  
 date of completion (d/m/y) / /

**Court**

- Federal Court of Australia (give state or territory registry)
  - Family Court of Australia (give state or territory registry)
  - Supreme Court of (give state or territory)
- proceeding-matter number \_\_\_\_\_ year \_\_\_\_\_

**Details of the applicant (other than a creditor) for court order**

name (family & given names or corporation name) If a corporation given A.C.N. or A.R.B.N. also.

unit or office, floor, building name \_\_\_\_\_  
 street number & name \_\_\_\_\_  
 suburb/city \_\_\_\_\_

**Signature**

This form must be signed by a director or secretary of the responsible entity. I certify that the information in this form is true and complete.

print name James Thackray capacity Receiver and Manager

sign here James Thackray date 25 / 01 / 10

Small Business (less than 20 employees), please provide an estimate of the time taken to complete this form

**Include**

- The time actually spent reading the instructions, working on the question and obtaining the information
- The time spent by all employees in collecting and providing this information

hrs mins

