

TR-1: Notifications of Major Interests in Shares

1. Identity of the issuer or the underlying issuer of existing shares to which voting rights are attached:

CERES AGRICULTURE FUND
ORD NPV

2. Reason for the notification

(please place an X inside the appropriate bracket/s):

An acquisition or disposal of voting rights: (YES)

An acquisition or disposal of financial instruments which may result in the acquisition of shares already issued to which voting rights are attached: ()

An event changing the breakdown of voting rights: ()

Other (please specify) : ()

3. Full name of person(s) subject to notification obligation:

J O HAMBRO INVESTMENT MANAGEMENT LTD

4. Full name of shareholder(s) (if different from 3) :

5. Date of transaction (and date on which the threshold is crossed or reached if different):

6TH MAY 2008

6. Date on which issuer notified:

7TH MAY 2008

7. Threshold(s) that is/are crossed or reached:

3%

8. Notified Details:

A: Voting rights attached to shares

Class/type of shares if possible use ISIN CODE	Situation previous to the triggering transaction	
	Number of shares	Number of voting rights

B28B2R9		5,556,000
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Class/type of shares if possible use ISIN CODE	Resulting situation after the triggering transaction				
	Number of shares	Number of voting rights		% of voting rights	
		Direct	Indirect	Direct	Indirect
B28B2R9	5,506,000	5,506,000		3.97%	

B: Financial Instruments

Resulting situation after the triggering transaction

Type of Financial instrument	Expiration date	Exercise/ Conversion period/date	No. of voting rights that may be acquired (if the instrument exercised/ converted)	% of voting rights
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Total (A+B)

Number of voting rights	% of voting rights
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5,506,000	3.97%
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9. Chain of controlled undertakings through which the voting rights and/or the financial instruments are effectively held, if applicable :

Proxy Voting:

10. Name of proxy holder:

11. Number of voting rights proxy holder will cease to hold:

12. Date on which proxy holder will cease to hold voting rights:

13. Additional information:

14. Contact name:

15. Contact telephone number:

For notes on how to complete form TR-1 please see the FSA website.

This information is provided by RNS
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