FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB Number: 3235-0076

Expires:

May 31, 2005 Estimated average burden hours per response. . . . . 16.00

| SEC US | E ONLY  |
|--------|---------|
| Prefix | Serial  |
| DATE R | ECEIVED |
| . 1    | 1       |

| Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Capital Edge Partners L.P.  |  |
|---|--|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment   | ULOE   |
| A. BASIC IDENTIFICATION DATA  |  |
| 1. Enter the information requested about the issuer   |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  | 03055080   |
| Capital Edge Partners L.P. Address of Executive Offices (Number and Street, City, State, Zip Code)  | Talankara Namakar (Tarkakia Arab Cada)   |
| 13306 Eagle Canyon Dr., Chino Hills, California 91709   | Telephone Number (Including Area Code) (909) 445-2305  |
| Address of Principal Business Operations (if different from Executive Offices)  Same as above  (Number and Street, City, State, Zip Code)   | Telephone Number (Including Area Code)   |
| Brief Description of Business   |  |
| Private investment company  | 5003   |
| Type of Business Organization   | lease specify)   |
| Month Year  Actual or Estimated Date of Incorporation or Organization: 07 07 07 X Actual Estim  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)   |  |
| GENERAL INSTRUCTIONS  | THOMSON  |
| Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D o 77d(6).   | r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S. FINANCIAL  |
| When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.   | A notice is deemed filed with the U.S. Securities llow or, if received at that address after the date on |
| Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 205  | 49.  |
| Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.  |  |
| Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously supplied to be filed with the SEC.  | t the name of the issuer and offering, any changes led in Parts A and B. Part E and the Appendix need    |
| Filing Fee: There is no federal filing fee.   |  |
| State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law. this notice and must be completed. | the exemption, a fee in the proper amount shall  |
| ATTENTION —   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1  |
| Failure to tile notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unlessign of a federal notice.  | emption. Conversely, failure to file the ss such exemption is predictated on the                         |

|                                      |                    | <b>A</b> .1         | BASIC IDEN      | digication data         |                                       |            |                                      |
|--------------------------------------|--------------------|---------------------|-----------------|-------------------------|---------------------------------------|------------|--------------------------------------|
| 2. Enter the information i           |                    | -                   |                 |                         |                                       | 1          |                                      |
| <ul> <li>Each promoter of</li> </ul> | the issuer, if the | issuer has been o   | rganized withi  | n the past five years;  |                                       |            |                                      |
| • Each beneficial ov                 | wner having the po | wer to vote or dis  | pose, or direct | the vote or dispositio  | n of, 10% or mor                      | e of a cla | ass of equity securities of the issu |
| Each executive of                    | licer and director | of corporate issu   | ers and of cor  | porate general and m    | anaging partners                      | of parti   | nership issuers; and                 |
| Each general and                     | managing partner   | of partnership is   | sucrs.          |                         |                                       | •          | ,,                                   |
| Check Box(es) that Apply:            | X Promoter         | Benefici            | al Owner [      | Executive Officer       | Directo                               | r X        | General and/or<br>Managing Partner   |
| Full Name (Last name first,          | if individual)     |                     |                 |                         |                                       |            |                                      |
| Lai Capita                           | al Managem         | ont IIC             |                 |                         |                                       |            |                                      |
| Business or Residence Addre          | ess (Number an     | d Street, City, Str | ate, Zip Code)  |                         |                                       |            | <del></del>                          |
| 13306 Eag                            |                    |                     |                 | California              | 91709                                 |            |                                      |
| Check Box(es) that Apply:            | X Promoter         | X Beneficia         |                 | Executive Officer       |                                       |            | O                                    |
|                                      | <b></b>            |                     | ii Owner D      | Executive Officer       | Director                              | LJ         | General and/or<br>Managing Partner   |
| full Name (Last name first, i        | f individual)      |                     |                 |                         |                                       |            |                                      |
| Lai, Eugene                          | Υ                  |                     |                 |                         |                                       |            |                                      |
| Business or Residence Addre          | ss (Number and     | Street, City, Sta   | te, Zip Code)   |                         | ·                                     |            | <del></del>                          |
|                                      |                    |                     |                 |                         |                                       |            |                                      |
| Check Box(es) that Apply:            | Promoter           | Beneficia           | l Owner         | Executive Officer       | Director                              |            | General and/or<br>Managing Partner   |
| ull Name (Last name first, i         | f individual)      |                     |                 |                         |                                       |            | ·····                                |
| ,                                    | ,                  |                     |                 |                         |                                       |            |                                      |
| susiness or Residence Addre          | ss (Number and     | Street, City, Sta   | te, Zip Code)   |                         |                                       |            |                                      |
| theck Box(es) that Apply:            | Promoter           | Beneficial          | Owner [         | Executive Officer       | Director                              | , 🛘        | General and/or<br>Managing Partner   |
| ull Name (Last name first, if        | individual)        |                     |                 |                         |                                       |            |                                      |
| usiness or Residence Addres          | s (Number and      | Street, City, Stat  | e, Zip Code)    |                         |                                       |            |                                      |
| heck Box(es) that Apply:             | Promoter           | Beneficial          | Owner           | Executive Officer       | Director                              |            | General and/or<br>Managing Partner   |
| ill Name (Last name first, if        | individual)        |                     | ·               |                         |                                       |            |                                      |
|                                      |                    |                     | · .             |                         |                                       |            | <del> </del>                         |
| isiness or Residence Addres          | s (Number and      | Street, City, Stat  | e, Zip Code)    |                         |                                       |            |                                      |
|                                      |                    |                     |                 |                         |                                       |            |                                      |
| neck Box(es) that Apply:             | Promoter           | Beneficial          | Owner [         | Executive Officer       | Director                              |            | General and/or<br>Managing Partner   |
| Il Name (Last name first, if         | individual)        |                     |                 |                         |                                       |            |                                      |
|                                      |                    |                     |                 |                         |                                       |            |                                      |
| siness or Residence Addres           | s (Number and      | Street, City, State | e, Zip Code)    |                         |                                       |            |                                      |
| neck Box(es) that Apply:             | Promoter           | Beneficial          | Owner [         | Executive Officer       | Director                              |            | General and/or<br>Managing Partner   |
| Ill Name (Last name first, if        | individual)        |                     |                 |                         | · · · · · · · · · · · · · · · · · · · |            |                                      |
|                                      | /                  |                     |                 |                         |                                       |            |                                      |
| rainana an Daoidenas Add             | (Number and        | Street, City, State | 7 in Code)      |                         |                                       |            |                                      |
| isiness or Residence Address         | , (trampel and     |                     | o, 21p 0000)    |                         |                                       |            |                                      |
|                                      | /T1 - L1-          | ale abact as servi  | and year addis  | onal copies of this sh  | neet as necessari                     | <u></u>    |                                      |
|                                      | (USC DIRI          | ik sheet, of copy   | and not additi  | onal cobics of tills st | , 45                                  |            |                                      |

|                                      |   |  |  | Bi   | INFORM/                            | JHONAB  | ut offe                                    | RING 7,                                       |                      |  |                                       | The street of the street                     |
|--------------------------------------|---|--|--|--|------------------------------------|---|--|---|----------------------|--|---------------------------------------|--|
| 1. Has ti                            | he issuer so  | old, or does   | the issuer   | intend to  | sell, to non                       | -accredited   | investors                                  | in this offe                                  | ring?                | THE RESERVE OF THE PARTY OF THE | Yes                                   | No   |
|                                      |   | ~.   | Ar   | iswer also   | in Append                          | ix, Column  | 2, if filing                               | g under III                                   | OE.                  |  |                                       | $\boxtimes$                                  |
| 2. What                              | is the mini   | mum inves  | ment that  | will be acc  | cepted fron                        | n any indiv   | idual?                                     |   |                      | ***************  | \$_50                                 | ,000   |
|                                      |   | g permit joi   |  |  |                                    |   |  |   |                      |  |                                       | No   |
| 4. Enter comm If a pe or stat a brok | the inform<br>hission or si-<br>erson to be I<br>des, list the re<br>cer or deale | ation reque<br>milar remun<br>isted is an a<br>name of the<br>r, you may | sted for ea<br>eration for<br>ssociated p<br>broker or o<br>set forth tl | ch person<br>solicitatio<br>erson or a<br>lealer. If n | who has been of purchagent of a br | een or will<br>asers in con<br>oker or dea<br>ve (5) pers | be paid on<br>nection with<br>ler register | r given, dir<br>th sales of se<br>ed with the | ectly or ir          | ndirectly, and the offering  | ny<br>g.                              | X  |
| Full Name<br>None                    |   | first, if in   | dividual)  |  |                                    |   | <del></del>                                |   |                      |  |                                       |  |
|                                      |   | Address (  | Number an  | d Street (   | Tity State                         | Zin Codo)   |  |   |                      |  |                                       | ····   |
|                                      | _   |  |  |  | ony, otate,                        | Zip Code)   |  |   |                      |  |                                       |  |
| Name of A                            | ssociated E   | Broker or De   | aler   |  |                                    |   |  | · · · · · · · · · · · · · · · · · · ·         | <del> </del>         |  |                                       |  |
| States in W                          | hich Perso  | n Listed Ha  | s Solicited  | or Intend  | s to Solicit                       | Purchaser   | s  | ·   | TIEL                 | ·,·  |                                       |  |
| (Check                               | c "All State  | s" or check  | individua  | l States)  |                                    | ************  | ***************************************    | •••••••                                       | ******************   | •••••••  | . [] Al                               | Il States                                    |
| AL<br>IL<br>MT<br>RI                 | AK<br>IN<br>NE<br>SC  | AZ<br>IA<br>NV<br>SD   | AR<br>KS<br>NH<br>TN   | CA<br>KY<br>NJ<br>TX                                   | CO<br>LA<br>NM<br>UT               | CT<br>ME<br>NY<br>VT                                      | DE<br>MD<br>NC<br>VA                       | DC<br>MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI   | HI<br>MS<br>OR<br>WY                  | MO<br>PA<br>PR                               |
| Full Name ( Business of              |   |  |  | d Street, C  | City, State,                       | Zip Code)   |  |   |                      |  |                                       |  |
| Name of As                           | sociated Bi   | roker or De  | aler   |  |                                    |   |  |   |                      |  |                                       |  |
| States in WI                         |   | Listed Has   |  |  |                                    |   |  |   |                      | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,  | All                                   | States                                       |
| AL<br>IL<br>MT<br>RI                 | AK<br>IN<br>NE<br>SC  | IA<br>NV<br>SD   | AR<br>KS<br>NH<br>TN   | CA<br>KY<br>NJ<br>TX                                   | CO<br>LA<br>NM<br>UT               | CT<br>ME<br>NY<br>VT                                      | DE<br>MD<br>NC<br>VA                       | DC<br>MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI   | MS<br>OR<br>WY                        | ID<br>MO<br>PA<br>PR                         |
| Full Name (                          | Last name   | first, if indi   | vidual)  | ····   |                                    | <u> </u>  |  |   |                      |  | · · · · · · · · · · · · · · · · · · · |  |
| Business or                          | Residence   | Address (N   | lumber and   | d Street, C  | ity, State, I                      | Zip Code)   |  | <del> </del>                                  |                      |  | <del></del> -                         | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| Name of Ass                          | sociated Br   | oker or Dea  | ler  |  |                                    |   |  |   |                      |  | <del></del>                           |  |
| States in Wh                         | ich Person  | Listed Has   | Solicited  | or Intends   | to Solicit                         | Purchasers  |  |   |                      |  |                                       |  |
| (Check                               | "All States   | " or check i   | ndividual  | States)  |                                    | ••••  | ***************************************    | •••••••                                       |                      |  | ☐ All                                 | States                                       |
| AL<br>IL<br>MT                       | AK<br>IN<br>NE<br>SC  | AZ<br>IA<br>NV<br>SD   | AR<br>KS<br>NH<br>TN   | CA<br>KY<br>NJ<br>TX                                   | CO<br>LA<br>NM<br>UT               | CT<br>ME<br>NY<br>VT                                      | DE<br>MD<br>NC<br>VA                       | DC<br>MA<br>ND<br>WA                          | FL<br>MI<br>OH<br>WV | GA<br>MN<br>OK<br>WI   | HI<br>MS<br>OR<br>WY                  | MO<br>PA<br>PR                               |

|    | O OFFERING PRICE NUMBER OF INVESTORS EXPENSES AND USE OF   | eročejost.                  |                                      |
|----|--|-----------------------------|--------------------------------------|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |                             | or manufactures and the pass         |
|    | Type of Security   | Aggregate<br>Offering Price | Amount Already<br>Sold               |
|    | Debt   | s -0-                       | s -0-                                |
|    | Equity   | \$ -0-                      | \$ -0-                               |
|    | Common Preferred   |                             |                                      |
|    | Convertible Securities (including warrants)  | \$                          | \$0-                                 |
|    | Partnership Interests  | \$25,000,000                | \$25,000.000                         |
|    | Other (Specify)  | <b>s</b> -0-                | \$ -0-                               |
|    | Total  | \$25,000,000                | \$ 25,000,000                        |
|    | Answer also in Appendix, Column 3, if filing under ULOE.   |                             | -                                    |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."             |                             |                                      |
|    |  | Number<br>Investors         | Aggregate Dollar Amount of Purchases |
|    | Accredited Investors   | 1                           | s 50,000                             |
|    | Non-accredited Investors   | None                        | \$                                   |
|    | Total (for filings under Rule 504 only)  | 1                           | \$ <u>50,000</u>                     |
|    | Answer also in Appendix, Column 4, if filing under ULOE.   |                             | ,                                    |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.   |                             |                                      |
|    | Type of Offering   | Type of<br>Security         | Dollar Amount<br>Sold                |
|    | Rule 505   | ·                           | \$                                   |
|    | Regulation A   |                             | \$                                   |
|    | Rule 504   |                             | \$                                   |
|    | Total  |                             | \$                                   |
| 4  | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |                                      |
|    | Transfer Agent's Fees  |                             | \$                                   |
|    | Printing and Engraving Costs   | X                           | \$1,000                              |
|    | Legal Fees   |                             | \$                                   |
|    | Accounting Fees  |                             | \$                                   |
|    | Engineering Fees   |                             | \$                                   |
|    | Sales Commissions (specify finders' fees separately)   |                             | \$                                   |
|    | Other Expenses (identify)  |                             | \$                                   |
|    | Other Daponeou (notice)  | (X1)                        | s 1,000                              |

| 35836                    | LEG OFFERING PRICE NUV   | BER OF INVESTORS EXPENSES AND USE O  | II PROCEEDS  |   |
|--------------------------|--|--|--|---|
|                          | b. Enter the difference between the aggregate offe and total expenses furnished in response to Part C—proceeds to the issuer."   | <ul> <li>Ouestion 4.a. This difference is the "adjusted or</li> </ul>  | ross   | \$ 24,999,000                                   |
| 5.                       |  | oceed to the issuer used or proposed to be used<br>ny purpose is not known, furnish an estimate :<br>If the payments listed must equal the adjusted or                             | for<br>and   | <u></u>   |
|                          |  |  | Payments to<br>Officers,<br>Directors, &<br>Affiliates         | Payments to<br>Others                           |
|                          | Salaries and fees  |  | 🔲 \$   | _ [] \$   |
|                          | Purchase of real estate  |  | 🗀 \$   |   |
|                          | Purchase, rental or leasing and installation of made and equipment   |  | □ \$   | □\$   |
|                          | Construction or leasing of plant buildings and fac   |  |  |   |
|                          | Acquisition of other businesses (including the val<br>offering that may be used in exchange for the asse<br>issuer pursuant to a merger)   | ue of securities involved in this ets or securities of another   | _  | _   |
|                          | Repayment of indebtedness  |  | 🗆 \$   | . [] \$   |
|                          | Working capital  |  | 🗆 \$   |   |
|                          | Other (specify): Investments in secur  | ·  | _  | <del></del>                                     |
|                          |  |  |  |   |
|                          |  |  | _<br>  | \$  |
|                          | Column Totals  |  |  |   |
|                          |  |  |  | 4,999,000                                       |
|                          | Total Payments Listed (column totals added)  |  | 🔼 \$ <u>2</u>  | 4,777,000                                       |
| Y                        | Total Payments Listed (column totals added)  |  |  |   |
| sign                     | ·  | undersigned duly authorized person. If this no nish to the U.S. Securities and Exchange Comi   | tice is filed under Ru<br>nission, upon writte<br>of Rule 502. | tle 505, the following                          |
| sign<br>he               | issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fur  | undersigned duly authorized person. If this no nish to the U.S. Securities and Exchange Compredited investor pursuant to paragraph (b)(2) of Signature                             | tice is filed under Ru<br>mission, upon writte                 | tle 505, the following                          |
| he<br>Issu               | issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-accer (Print or Type) | undersigned duly authorized person. If this nor nish to the U.S. Securities and Exchange Commedited investor pursuant to paragraph (b)(2) of Signature  Lai Capital Management LLC | tice is filed under Ru<br>nission, upon writte<br>of Rule 502. | the 505, the following on request of its staff, |
| sign<br>he<br>Issu<br>Ca | issuer has duly caused this notice to be signed by the ature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc                    | undersigned duly authorized person. If this no nish to the U.S. Securities and Exchange Compredited investor pursuant to paragraph (b)(2) of Signature                             | tice is filed under Ru<br>nission, upon writte<br>of Rule 502. | the 505, the following on request of its staff, |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)