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 APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2002
Estimated average burden
hours per response 16.00
SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering ([]check if this is an amendrSt. Philip Partners, L.P.	nent and name has changed,	and indicate change.)	1076134
Filing Under (Check box(es) that apply): [Type of Filing: [] New Filing [X] Amendment	[] Rule 504 [] Rule 505	[X] Rule 506 []	Section 4(6) [] ULOE
		IFICATION DATA	
 Enter the information requested about t 			
_Name of Issuer ([]check if this is an amendm	nent and name has changed, a	and indicate change.)	
St. Philip Partners, L.P.			
Address of Executive Offices (Number and S 601 Poydras Street, Suite 1740, New Orl			ne Number (Including Area Code) 88 - 9104 50亿-リスム
Address of Principal Business Operations (N Code)	umber and Street, City, State,	Zip Telepho	ne Number (Including Area Code)
(if different from Executive Offices)		- FARES	
Brief Description of Business	PRC	CESSED	S. A. C.
Securities Investments	* 1	1 1 2003	2935 S
• • • • • • • • • • • • • • • • • • • •		INANCIAL [] other (please spe	cify):
Actual or Estimated Date of Incorporation or C Jurisdiction of Incorporation or Organization: (CN for Canada: FN for other foreign jurisdiction GENERAL INSTRUCTIONS	Enter two-letter U.S. Postal Se		ual [] Estimated State:
Federal:			
Who Must File: All issuers making an offering of securities in relian	nce on an exemption under Regulation D o	r Section 4(6), 17 CFR 230.501	et seq. or 15 U.S.C. 77d(6).
When to File: A notice must be filed no later than 15 days after the (SEC) on the earlier of the date it is received by the SEC at the ad			

state:

States registered or certified mail to that address.

signed copy or bear typed or printed signatures.

Filing Fee: There is no federal filing fee.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information

requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

 Each general and mar 	naging partner of partnership issuers.			
Check Box(es) that Apply:			[] Director	[X]General Partner
Full Name (Last name first, if in	ndividual)			
St. Philip Capital Manage	ement, LLC			
Business or Residence Addres	ss (Number and Street, City, State, Zip Code	€)	·	
601 Poydras Street, Suite	1740, New Orleans, Louisiana, 70130			
Check Box(es) that Apply:	• • • • • • • • • • • • • • • • • • • •		[] Director	[X] Managing Member
Full Name (Last name first, if in	ndividual)	·		
Miller, Michael				
Business or Residence Addres	ss (Number and Street, City, State, Zip Code	e)		
Same as above				
Check Box(es) that Apply:	• • • • • • • • • • • • • • • • • • • •		[] Director	[] Member
Full Name (Last name first, if in	ndividual)			
Business or Residence Address	ss (Number and Street, City, State, Zip Code	∋)		
Observation of the state of the	11 2		[] Dissets	
Check Box(es) that Apply.			[] Director	[] Wember
Full Name (Last name first, if in	ndividual)			
			<u></u> .	
Business or Residence Addres	ss (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:			[] Director	
Full Name (Last name first, if i	Agriculture (Last name first, if individual) St. Philip Capital Management, LLC Less or Residence Address (Number and Street, City, State, Zip Code) 10 Poydras Street, Suite 1740, New Orleans, Louisiana, 70130 12 K Box(es) that Apply: [] Promoter [] Beneficial Owner [] Executive Officer 13 Lame (Last name first, if individual) 14 Last name first, if individual) 15 Last name first, if individual) 16 Last name first, if individual) 17 Last name first, if individual) 18 Last name first, if individual) 19 Last name first, if individual) 10 Last name first, if individual) 11 Last name first, if individual) 12 Last name first, if individual) 13 Last name first, if individual) 14 Last name first, if individual) 15 Last name first, if individual) 16 Last name first, if individual) 17 Last name first, if individual) 18 Last name first, if individual) 19 Last name first, if individual) 10 Last name first, if individual) 10 Last name first, if individual) 11 Last name first, if individual) 12 Last name first, if individual) 13 Last name first, if individual) 14 Last name first, if individual) 15 Last name first, if individual) 16 Last name first, if individual)			
	, 			
Business or Residence Address	ss (Number and Street, City, State, Zip Code	e)		-
		•		
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner [] E	xecutive	[] Director	[]General and/or
		fficer		Managing Partner
Full Name (Last name first, if i	ndividual)			
Business or Residence Addres	ss (Number and Street, City, State, Zip Code	<u> </u>		
	so (110111001 dilla Oli Ook, Oky, Okako, Zip Ookk	~ <i>,</i>		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В. І	NFORM	ATION A	ABOUT	OFFERI	NG					-
1. Has	s the issu	ıer sold,	or does	the issue							offering? er ULOE			Yes []	No [X]
2. Wh	at is the	minimun	n investm	nent that	will be a	ccepted	from any	y individu	ıal?					\$ <u>500,</u> 0	000
3. Does the offering permit joint ownership of a single unit?											Yes [X]	No []			
any co offerin and/or	ommissic g. If a pe with a s	on or simerson to l tate or s	ilar remu be listed tates, lis	ineration is an ass t the nan	for solic sociated ne of the	itation of person of broker of	f purchas or agent or dealer	sers in co of a brok . If more	onnection er or dea than five	n with sa aler regis (5) pers	ales of se stered wi sons to b	or indirect curities in th the SE e listed a dealer on	n the EC ire		
Full N	ame (La:	st name	first, if in	dividual)											
Busine	ess or Re	esidence	Address	s (Numb	er and S	treet, Cit	y, State,	Zip Cod	e)			 			
Name	of Asso	ciated Br	oker or [Dealer											
						ntends to	Solicit F	Purchase	ers	<u> </u>					
(Chec [AL] [IL] [MT] [RI]	k "All Sta [AK] [IN] [NE] [SC]	ates" or o [AZ] [IA] [NV] [SD]	check ind [AR] [KS] [NH] [TN]	lividual S [CA] [KY] [NJ] [TX]	States) [CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]	[] A	All State	S
	ame (La:						(*/\]	[• • • • • • • • • • • • • • • • • • •	14441	[[]]	[[]]	[1.13]			
Busine	ess or Re	esidence	Address	s (Numb	er and S	treet, Cit	y, State,	Zip Cod	e)		 	,			
Name	of Asso	ciated Br	oker or I	Dealer											
							Solicit F		ers [FL]	 [GA]	 [HI]	·[ID]	[]	All State	s
[IL] [MT] [RI]	[NE] [SC]	[/_] [IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]			
Full N	ame (Las	t name fü	st, if indi	vidual)											
Busine	ess or Re	esidence	Address	s (Numb	er and S	treet, Cit	y, State,	Zip Cod	e)						
Name	of Asso	ciated Br	oker or I	Dealer											
							Solicit F								
(Chec	k "All Sta	ates" or o	check inc	lividual S	States)								[]	All State:	s
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF	F PROCEEDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if 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.	A	A
Type of Security Debt	Aggregate Offering Price \$	Amount Already Sold \$
Equity		
[] Common [] Preferred Convertible Securities (including warrants)	\$ <u>100,000,000</u> \$	\$ \$ \$
Total	\$ <u>100,000,000</u>	\$
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."		
Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$
		φ
Non-Accredited Investors		δ
Total (for filings under Rule 504 only)		. \$
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, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	T (0)	Dallas Assaura
Type of offering	Type of Security	Dollar Amount Sold
Rule 505 Regulation A Rule 504 Rule 504		\$ \$
Total		\$
Transfer Agent's Fees	[] \$	
Printing and Engraving Costs	[X] \$	5,000
Legal Fees	[X] \$	20,000
Accounting Fees		· · · <u>-</u>
Engineering Fees	[] \$	
Sales Commissions (specify finders' fees senarately)	r1 ¢	

Other Expenses (identify) _ Filing Fees a	and Miscellaneous	[X]	\$ <u>10,000</u>				
Total							
	egate offering price given in response to Part C Part C - Question 4.a. This difference is the "adj		\$ <u>99,965,000</u>				
proposed to be used for each of the purp not known, furnish an estimate and chec	sted gross proceeds to the issuer used or coses shown. If the amount for any purpose is k the box to the left of the estimate. The total justed gross proceeds to the issuer set forth in .						
		Payments to Officers, Directors, & Affiliates	Payments To Others				
Purchase of real estate Purchase, rental or leasing and Construction or leasing of plant Acquisition of other businesses (installation of machinery and equipment buildings and facilitiesincluding the value of securities involved in	. [] \$. [] \$	[]\$ []\$ []\$				
another issuer pursuant to a me Repayment of indebtedness	exchange for the assets or securities of rger)	.[]\$	[]\$ []\$ []\$ <u>99,965,000</u> []\$				
Column Totals	otals added)		[]\$ <u>99,965,000</u> 65,000				
	D. FEDERAL SIGNATURE						
505, the following signature constitutes a	be signed by the undersigned duly authorized on undertaking by the issuer to furnish to the U.S staff, the information furnished by the issuer to a	Securities and Exchain	nge				
Issuer (Print or Type) St. Philip Partners, L.P.	Signature	Date 3/24/03					
	Title of Signer (Print or Type)						
Michael Miller	Managing Member of the General Partner S	St. Philip Capital Mana	gement, LLC				

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

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of	Yes	No
such rule?	[]	[X]
See Appendix, Column 5, for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

		, ,
Issuer (Print or Type)	Signature / //	Date/
St. Philip Partners, L.P.	Dulewel -	3/24/03
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Michael Miller	Managing Member of the General Partner	St. Philip Capital Management, LLC

APPENDIX

Instruction: Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3 Type of security		<u></u>	5 Disqualification			
	Intend to sell to non-accredited investors in State (Part B-Item 1)		and aggregate offering price offered in state (Part C-Item 1)		Тур amoun (under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	LIMITED PARTNERSHIP INTERESTS	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK	····			<u> </u>			****		
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MD									<u> </u>
MA	,								
MI MI						7.44			-
MN									<u> </u>
MS									<u> </u>
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APPENDIX

100 A 100 A

1	Intend to non-a	to sell ccredited s in State -Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		Typ amour (5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	LIMITED PARTNERSHIP INTERESTS	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MΤ									
NE									1
NV					<u> </u>	· · ·			
NH				\	<u> </u>				†
NJ									
NM				3 '	4,450,000	0			
NY		V			\$300,000		\$45,000		
NC	V				300,000		75,000		
ND		1		<u> </u>			,		+
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OR		<u> </u>							+
PA						· · · · · · · · · · · · · · · · · · ·			+
RI				1 2 º	1,100,000	0			+
sc									
SD									
TN						·			-
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UT								· · · · · ·	
VT				1 2	5016		~		+
VA		V		3	945,000	0			
WA	<u>.</u>								-
WV							· · · · · · · · · · · · · · · · · · ·		
WI									
WY									┼
PR									
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