122802 ORIGINAL

FORM D

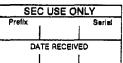
03056134

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, 2005							
Estimated average burden								
hours per respon	nse 16.00							



Name of Issuer (check if this is an amendment and name has changed, and indicate change.) D.A. Long/Short Equity II, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)	CINITORNI DIMITED OFFERING EXEMI	
Filing Under (Check box(es) that apply):		a ces
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.) D.A. Long/Short Equity II, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 3500 Lenox Road, Suite 1800, Atlanta, Georgia 30326 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Replace (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)		
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (☐ ULOE
Enter the information requested about the issuer Name of Issuer Check if this is an amendment and name has changed, and indicate change.	Type of Filing: New Filing Amendment	APR 21
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) D.A. Long/Short Equity II, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 3500 Lenox Road, Suite 1800, Atlanta, Georgia 30326 404-419-2300 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Securities investment fund managed by general partner and its designess. Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Year Actual Estimated Estimated Street S	A. BASIC IDENTIFICATION DATA	
D.A. Long/Short Equity II, L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) 3500 Lenox Road, Suite 1800, Atlanta, Georgia 30326 404-419-2300 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) Brief Description of Business Securities investment fund managed by general partner and its designess. Type of Business Organization Corporation Corporat	1. Enter the information requested about the issuer	FINAN
Address of Executive Offices 3500 Lenox Road, Suite 1800, Atlanta, Georgia 30326 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business Securities investment fund managed by general partner and its designess. Type of Business Organization Corporation Imited partnership, already formed Imited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: Telephone Number (Including Area Code) 404-419-2300 Telephone Number (Including Area Code)	Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	
3500 Lenox Road, Suite 1800, Atlanta, Georgia 30326 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Brief Description of Business Securities investment fund managed by general partner and its designess. Type of Business Organization Corporation Imited partnership, already formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: Month Year Actual Estimated	D.A. Long/Short Equity II, L.P.	
Address of Principal Business Operations (if different from Executive Offices) Brief Description of Business Securities investment fund managed by general partner and its designess. Type of Business Organization corporation business trust Imited partnership, already formed limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization:	Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices) Brief Description of Business Securities investment fund managed by general partner and its designess. Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: TT QZ Actual Estimated	3500 Lenox Road, Suite 1800, Atlanta, Georgia 30326	404-419-2300
Brief Description of Business Securities investment fund managed by general partner and its designess. Type of Business Organization corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Actual or Estimated Date of Incorporation or Organization: TT QZ Actual Estimated		Telephone Number (Including Area Code)
Securities investment fund managed by general partner and its designess. Type of Business Organization	(if different from Executive Offices)	TENNED COM
Type of Business Organization corporation	Brief Description of Business	
corporation Ilmited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 11 Q2 Actual Estimated	Securities investment fund managed by general partner and its designess.	APR 1 5 2003
corporation limited partnership, already formed other (please specify): business trust limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: 11 Q2 Actual Estimated		
business trust limited partnership, to be formed Month Year		ease specify)
Actual or Estimated Date of Incorporation or Organization: TT		case speedly).
Actual or Estimated Date of Incorporation or Organization: TT QZ KActual Estimated		
		and .
DURSGICTION OF INCOMPORATION OF DEGRADIZATION: (PARCE EWO-JEFFEL II N. MOSTAL NETVICE AND EVIQUION FOR NEARS.)	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

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 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 first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

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

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 the manually signed copy or bear typed or printed signatures.

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.

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 sales of securities in those states that have adopted ULOE and 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 to the notice constitutes a part of this notice and must be completed.

- 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 unless such exemption is predictated on the filling of a federal notice.

	Sandrid of A break advantage of a control by the Land State of the state of	in Similar Commence	100,72334 Z	
2. Enter the information requested for	· ·			
,	if the issuer has been organized	•	100/	
	rector of corporate issuers and	·	·	ass of equity securities of the issuer.
Each general and managing prices.	•	of corporate Reneral and ma	maging parmers or part	nership issuers, and
	noter Beneficial Owner	er Executive Officer	Director [X	General and/or Managing Partner
Full Name (Last name first, if individua	1)			
D.A. Capital Management,	LLC			
Business or Residence Address (Numb		•		
3500 Lenox Road, Suite 1	1800, Atlanta, Georgia	30326		
Check Box(es) that Apply: Pron	moter 🛛 Beneficial Owne	er 🛛 Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individua	l)			
Shea, Kevin W.				
•	ber and Street, City, State, Zip	· ·		
3500 Lenox Road, Suite 18				
Check Box(es) that Apply: X Prom	noter 🕅 Beneficial Owne	Executive Officer	X Director	General and/or Managing Partner
Full Name (Last name first, if individual Kaszynski, Stephen J.	1)			
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		· · · · · · · · · · · · · · · · · · ·
3500 Lenox Road, Suite 1	800, Atlanta, Georgia	30326		
Check Box(es) that Apply: Prom	noter	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual	1)			
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Prom	noter Beneficial Owne	Executive Officer	Director _	General and/or Managing Partner
Full Name (Last name first, if individual	1)			
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Prom	noter Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual	1)			
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		
Check Box(es) that Apply: Prom	noter Beneficial Owne	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual	1)			
Business or Residence Address (Numb	per and Street, City, State, Zip	Code)		

					, j. 1	SEPRIRY AND	1/01-: (b. 10)	រូវ (ឲ្យក្រព្យល់)				12	
	TY-s the		 	h		11 45 55 5	المحالة حسدا		. sh:66	:O		Yes	No
1.	Has the	issuer sole	a, or does t			-				-	****************		X
•	What is		!			n Appendix		=				61 00	00,000*
2.		Subject to	num investr o waiver.	nent that v	VIII DE ACCE	pted from	any individ	iuair	•••••••••••		••••		
3.		•		t ownershi	p of a sing	gle unit?			•			Yes □	No □
4.	Enter th	ne informat	tion reques	ted for eac	h person v	vho has be	en or will l	e paid or	given, dire	ctly or ind	irectly, any	, —	
	commis If a pers or states	sion or sim on to be lis s, list the na	ilar remune ited is an as	ration for s sociated pe roker or de	solicitation erson or age ealer. If me	of purchas ent of a brol ore than fiv	ers in conn- ker or deale e (5) perso	ection with r registered ns to be list	sales of se d with the S ed are asso	curities in t SEC and/or	he offering with a state sons of such	•	
Full	Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						
Nan	ne of Ass	sociated Br	roker or De	aler								··· ···· ···	
Stat	es in Wh	ich Person	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)	•••••	••••	************	***************************************	•••••		Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	ĪN	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA)	WA	WV	WI	WY	PR
Full	Name (I	Last name	first, if ind	ividual)					· · · · · · · · · · · · · · · · · · ·				
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)				· · · · · · · · · · · · · · · · · · ·		
Nam	e of Ass	ociated Br	oker or De	aler									
State	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	***********)*1 ;;\$;;**; *****	***********			All All	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK.	OR	PA
	RI	SC	SD	TN	TX	UT	VT	[VA]	WA	WV	[WI]	WY	PR
Full	Name (I	Last name	first, if indi	vidual)									
Bus	iness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)			***			···
Nam	ne of Ass	ociated Br	oker or De	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<u> </u>					
	(Check	"All States	or check	individual	States)	*************************		·····				☐ All	l States
	AL	AK	. AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box \Box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Aı	nount Already Sold
	Debt	;	\$_	
	Equity	<u></u>	\$	
	Common Preferred			
	Convertible Securities (including warrants)		\$_	
	Partnership Interests	100,000,000	\$_	5,000,000
	Other (Specify)		\$	
	Total	100,000,000	\$_	5,000,000
	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 Investors		Aggregate ollar Amount of Purchases
	Accredited Investors	11	\$_	5,000,000
	Non-accredited Investors	0	\$_	0
	Total (for filings under Rule 504 only)		\$_	
	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	D	ollar Amount
	Type of Offering	Security		Sold
	Rule 505		\$_	N/A
	Regulation A	N/A	\$_	N/A
	Rule 504	N/A	\$_	N/A
	Total	N/A	\$_	N/A
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		\$	0
	Printing and Engraving Costs		\$	3,000
	Legal Fees	X	\$	2,500
	Accounting Fees	💆	\$	2,500
	Engineering Fees		\$	0
	Sales Commissions (specify finders' fees separately)		s	0
	Other Expenses (identify) blue sky filing fees		\$_	2,000
	Total		\$	10,000

The state of the contract of the state of th

()	The state of the s	Society and (Obstextives)	indus in the state of		Pikeréle	tor.	777.	No.
	b. Enter the difference between the aggregate and total expenses furnished in response to Paproceeds to the issuer."	rt C — Question 4.a. Ti	his difference is the "a	adjusted gros	s		\$ <u>99,9</u>	990,000
5.	Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	for any purpose is no total of the payments li	t known, furnish an sted must equal the a	estimate and	± t			
					O Dire	ments to fficers, ectors, & iliates		ments to
	Salaries and fees		•••••••••••	•••••	⊠\$		_ 🗆 \$	0
	Purchase of real estate				□ \$	0	_ 🗆 \$	0
	Purchase, rental or leasing and installation and equipment				П.	0	□\$	0
	Construction or leasing of plant buildings a						. * . \$	0
	Acquisition of other businesses (including to offering that may be used in exchange for the issuer pursuant to a merger)	the value of securities he assets or securities	involved in this of another			_		0
	Repayment of indebtedness		***************************************		X \$ 5	0,000	s	0
	Working capital				-	_	<u> </u>	9,940,000
	Other (specify):				<u></u> \$	0	. 🗆 \$	0
					□ \$	0	. 🗆 \$	0
	Column Totals	***************************************	(**************************************	*******************	区 \$_50	0,000	X \$ 9	9,940,000
	Total Payments Listed (column totals added	l)	***************************************	,		₹ \\$_\$	9,990,0	00
· F	englesel est in the Market and the leaves	Company (Company	(E.S)					
sig	issuer has duly caused this notice to be signed nature constitutes an undertaking by the issuer information furnished by the issuer to any no	to furnish to the U.S.	Securities and Exch	ange Commi	ssion, u	on writte		
[ss	er (Print or Type)	Signature	0.10	<u> </u>	Date			
D	A. Long/Short Equity II, L.P.	Teste	Wese P.	ŧ	4.	14.0	3	
Nai	ne of Signer (Print or Type)	Title of Signer	(Print or Type)	ı	-			
5	tephen J. Kaszynski	Managing	Member of Gene	eral Partne	r			

* The general partner and its assignees receive a quarterly cash fee in an amount equal to 0.375% of partner account balances and an annual incentive profit allocation generally equal to 20% of realized and unrealized limited partner capital account appreciation. The Issuer will also reimburse the general partner and its affiliates for approximately \$60,000 of organizational and initial offering expenses.

- ATTENTION --

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