# FORM D



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

FORM D

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OMB Number:

3235-0076 May 31, 2002

Estimated average burden

average burden
SEC USE ONLY

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D. 15.5

SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

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DATE	RECEIV	ED

OMB APPROVAL

		CIVIL OILLIA		O CI I EIG		1	L		
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)									
OL Partners, L.P. Limited Partnership Interests									
Filing Under (Check bo	ox(es) that apply):	Rule 504	Rule	505	Rule 5	06 Section	n 4(6)	ULOE	
Type of Filing:	New Filing	Amendment							
	n in the second	A. BASI	C IDENT	IFICATION	DATA	11.1.4			
1. Enter the informati	on requested about t	ne issuer							
Name of Issuer ( che	eck if this is an amen	dment and name has	changed, a	nd indicate ch	ange.)				
OL Partners, L.P.			_						
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
200 Greenwich Avenue, Greenwich, Connecticut 06830 (203) 862-7935									
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)									
(if different from Execu	itive Offices)								
Brief Description of Bu	siness Private Inv	estment Fund		***					
Type of Business Organ	nization								
corporation		tnership, already for		other (ple	ease spec	cify):	PRO	CESSE	
business trust	☐ limited pa	tnership, to be form	ed				,		
			Month	Year			() APR	23 2003	
Actual or Estimated Date of Incorporation or Organization: 03 03 X Actual Estimated									
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:									
		CN for Canad	a, FN for f	oreign jurisdic	ction)	DE			

## 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 Avenue, 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 predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-9)

### 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 managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or \*General Partner Managing Partner Full Name (Last name first, if individual) OL Capital, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 200 Greenwich Avenue, Greenwich, Connecticut 06830 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director \*General and/or \*Managing Member of the General Partner Managing Partner Full Name (Last name first, if individual) Levy, Oded Business or Residence Address (Number and Street, City, State, Zip Code) 200 Greenwich Avenue, Greenwich, Connecticut 06830 Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Director Promoter Beneficial Owner ☐ Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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

				, Jane	a H	B. INFOR	MATION	N ABOUT	OFFERI	NG	e di di	946		***	aria
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No ⊠				
Answer also in Appendix, Column 2, if filing under ULOE.															
2													••••••	\$250,000°	-
	*(the General Partner may, in its sole discretion reduce the size of a minimum purchase)  3. Does the offering permit joint ownership of a single unit?										Yes ⊠	No			
r P tl	emuneration erson or ag	n for solic ent of a b	itation of roker or d	purchasers ealer regis	in connect tered with	tion with the SEC a	sales of se and/or with	curities in a state of	the offering states, lis	ng. If a pe t the name	erson to be of the br	e listed is a oker or dea	on or similar an associated aler. If more nat broker or		
Full N	ame (Last r	ame first,	if individu	ıal)		···			<del></del> -		<del></del>				
Busine	ess or Resid	ence Addi	ress (Num	ber and Str	eet, City,	State, Zip	Code)				···		· · · · · · ·		
Name	of Associat	ed Broker	or Dealer								· · · · · · · · · · · · · · · · · · ·				
States	in Which P	erson List	ed Has So	licited or I	ntends to S	Solicit Purc	hasers	<del></del>			<del></del>				
	(Check	"All State	s" or checl	k individua	al States)		***************************************	••••••	•••••				·····	🔲 All :	States
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Full N	ame (Last r	ame first,	if individu	ıal)											
Busine	ss or Resid	ence Addı	ess (Numb	per and Str	eet, City, S	State, Zip (	Code)	· · · · · · · · · · · · · · · · · · ·							
Name	of Associat	ed Broker	or Dealer									·			
States	in Which P	erson List	ed Has So	licited or I	ntends to S	Solicit Puro	hasers		<del></del>	<u> </u>					
	(Check	"All State	s" or checl	c individua	al States)						•••••	•••••		🔲 All S	States
	[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]		
Full N	ame (Last n	ame first,	if individu	al)											
Busine	ss or Resid	ence Addr	ess (Numb	per and Str	eet, City, S	State, Zip (	Code)		W				<del></del>		
Name	of Associat	ed Broker	or Dealer												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers															
(Check "All States" or check individual States)								🗆 All S	States						
	[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, EXPENSE	S AND USE OF PROCE	EDS
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.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	<u> </u>
	Equity		
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests		\$6,200,000
	•	\$50,000,000	
	Other (Specify)	\$	\$
	Total	\$50,000,000	\$6,200,000
	Answer also in Appendix, Column 3, if filing Under ULOE	\$20,000,000	
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 Dollar Amount of Purchases
	Accredited Investors	6	\$ <u>6,200,000</u>
	Non-accredited Investors		\$
	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 offering	Type of Security	Dollar Amount Sold
	Rule 505		_ \$
	Regulation A		. \$
	Rule 504		\$
	Total		
ļ.,	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 issuer. The information may be given as subject to future contingencies. If the amount of expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees.	[	<b>\$</b>
	Printing and Engraving Costs	[	<b>]</b> \$
	Legal Fees		<b>⊠</b> \$ <u>75,000</u>
	Accounting Fees		
	Engineering Fees.		
	Sales Commissions (Specify finder's fees separately)		
	Other Expenses (identify)		
	Total		×I \$75,000

	Epopping Company of the Company of t	NATIONS EXPENSE	C AND FICE	OE BROCEE	
	C. OFFERING PRICE, NUMBER OF 1	NVESTORS, EXPENSE	S AND USE	OF PROCEE!	US
	b. Enter the difference between the aggregate offering to Part C - Question 1 and total expenses furnished Question 4.a. This difference is the "adjusted gross pro	in response to Part C -			\$49,925,000
5.	Indicate below the amount of the adjusted gross proce proposed to be used for each of the purposes shown, purpose is not known, furnish and estimate and check estimate. The total of the payments listed must exproceeds to the issuer set forth in response to Part C - C	Ófi Direc	nents to ficers, ctors, & fliates	Payments To Others	
	Salaries and fees		□ \$		<b>\$</b>
	Purchase of real estate		<b>\$</b>		□ \$
	Purchase, rental or leasing and installation of machiner	y and equipment	□ \$		<b>\$</b>
	Construction or leading of plant buildings and facilities		<b>\$</b>		□ \$
	Acquisition of other businesses (including the value involved in this offering that may be used in exchange of securities of another issuer pursuant to a merger)	e for the assets	<b>\$</b>		□ \$
	Repayment of indebtedness		<b>\$</b>		□ \$
	Working capital		<b>S</b>		□ \$
	Other (specify) Investment Capital		□ \$		<b>⊠</b> \$ <u>49,925,000</u>
	Column Totals	· · -	□ \$		<b>⋈</b> \$49,925,000
	Total Payments Listed (column totals added)			49,925,000	
	D. FEDE	CRAL SIGNATURE		Stranger Santida (S. 1989)	
followir	her has duly caused this notice to be signed by the under ag signature constitutes an undertaking by the issuer to of its staff, the information furnished by the issuer to any	o furnish to the U.S. Sec	urities and I	Exchange Com	mission, upon written
•	Print or Type) rtners, L.P.	Signature		Date <b>4-/</b> 3	-03
	f Signer (Print or Type) led Levy	Title of Signer (Print or Managing Member of	• • •	ital, LLC, the	e General Partner

ATTENTION

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