FORM D



IINITED STATES SECURITIES AND EXCHANGE COMMISSION RECEIVED Washington, D.C. 20549

FORM D

2003

NOTICE OF SALE OF SECURECIES PURSUANT TO REGULATION D **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

per response16.00 SEC USE ONLY Prefix Serial DATE RECEIVED

Estimated average burden hours

3235-0076

May 31, 2005

OMB Number:

Expires:

Name of Offering (□	check if this is a	n amendment and name l	nas changed, and inc	licate change.) `	<u> </u>		
Offering of Limited	d Partnership	Interests			total	圣		
Filing Under (Check bo	x(es) that apply)	☐ Rule 504	☐ Rule 505	☑ Rule 50	O6 🔲 Section 4	(6) ULOE		
Type of Filing:	lew Filing I	☐ Amendment						
		A. BASIC I	DENTIFICATIO	N DATA				
1. Enter the information	requested about	the issuer						
Name of Issuer (a	heck if this is ar	amendment and name ha	s changed, and indi	cate change.)				
Compass Fund, Li	>							
Address of Executive Offices (Number and Street, City, State, Zip Code)				Zip Code)	Telephone Number (Including Area Code)			
101 California Stre	et, Suite 400	7, San Francisco, C	A 94111		(415) 675-3260			
Address of Principal Bu	siness Operation	s (Number an	d Street, City, State	Zip Code)	Telephone Number (Including Area Code)		
(if different from Execu-	tive Offices)	Same			Same			
Brief Description of Bus	siness	<u> </u>				· · · · · · · · · · · · · · · · · · ·		
Investments								
Type of Business Organ	ization					- or 157n		
☐ corporation	🗵 limited j	oartnership, already forme	ed 🗆 other (p	lease specify)) :	PROCESSED		
☐ business trust	☐ limited	partnership, to be formed				and the second s		
			Month Year	-		APR 24 2003		
Actual or Estimated Dat	e of Incorporation	n or Organization:	0 2 0 2	Actua	l Estimated			
Jurisdiction of Incorpora	tion or Organiza	tion: (Enter two-letter U. CN for Canada: FN	S. Postal Service ab		State:	THOMSON FINANCIAL		

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.

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.

	A. BASIC IDENT	IFICATION DATA				
 Enter the information requested for the f Each promoter of the issuer, if the iss Each beneficial owner having the pov the issuer; 	uer has been organized within ver to vote or dispose, or dire	ect the vote or disposition o				
 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 Managing Partner		
Full Name (Last name first, if individual)						
Compass Fund Management, LLC						
Business or Residence Address (Number and	Street, City, State, Zip Code	e)				
101 California Street, Suite 4007, S	an Francisco, CA 941	111				
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	*⊠ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)						
Ehee, Edward						
Business or Residence Address (Number and	Street, City, State, Zip Code	e)				
101 California Street, Suite 4007, S	an Francisco, CA 941	11				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	* ■ Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)						
Ehee, Robert						
Business or Residence Address (Number and	Street, City, State, Zip Code	2)				
101 California Street, Suite 4007, S	an Francisco, CA 941	11				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	* Executive Officer	☐ Director	☐ General and/or Managing Partner		
Full Name (Last name first, if individual)						
Paez, Carlos						
Business or Residence Address (Number and	•	•				
101 California Street, Suite 4007, S	an Francisco, CA 941	11				
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 addit	ional copies of this sheet, as	necessary.)			

*of Compass Fund Management, LLC, General Partner of the Issuer.

B. INFORMATION ABOUT OFFERING		Yes	No	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.				
2. What is the minimum investment that will be accepted from any individual?		*\$	500,000	
2. Donath official consist intermediate of a single units		Yes	No	
3. Does the offering permit joint ownership of a single unit?		×		
4. Enter the information requested for each person who has been or will be paid or given, dire commission or similar remuneration for solicitation of purchasers in connection with sales of se If a person to be listed is an associated person or agent of a broker or dealer registered with the S or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated person for that broker or dealer only.	curities in the offering. SEC and/or with a state			
Full Name (Last name first, if individual)				
Private Private Aller Of the Associate City Code				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		🗆	All States	
[AL][AK][AZ][AR][CA][CO][CT][DE][DC][
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [_		
[MT][NE][NV][NH][NJ][NM][NY][NC][ND][RI][SC][SD][TN][TX][UT][VT][VA][WA][_	-	
Full Name (Last name first, if individual)	3.0			
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		🗆	l All States	
[AL][AK][AZ][AR][CA][CO][CT][DE][DC][FL][GA][ні ј	[ID]	
[IL][IN][IA][KS][KY][LA][ME][MD][MA][•	
[MT][NE][NV][NH][NJ][NM][NY][NC][ND][RI][SC][SD][TN][TX][UT][VT][VA][WA][-		
Full Name (Last name first, if individual)	WV][WI][W I J	[PK]	
Tail Name (Bast halle 1855, 11 Mathadaty)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
Name of Associated Broker or Dealer				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)		🗆	All States	
[AL][AK][AZ][AR][CA][CO][CT][DE][DC][[ID]	
[IL][IN][IA][KS][KY][LA][ME][MD][MA][MI] [MN] [MS]	[MO]	
[MT][NE][NV][NH][NJ][NM][NY][NC][ND][[RI][SC][SD][TN][TX][UT][VT][VA][WA][_		

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

^{*}The General Partner has the discretion to accept smaller amounts.

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCEEL	os	
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 \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price	Amount Alread Sold	
		\$	\$	
	Debt	\$	\$ \$	
	Equity		·	
	Convertible Securities (including warrants)	\$	\$	
	Partnership Interests	\$	\$	
	•	s 400,000,000	\$ 1,342,39	
	Other (Specify <u>Limited Partnership Interests</u>)	s 400,000,000	\$ 1,342,39	
	Total	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	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 Dollar Amount of Purchases	
	Accredited Investors	4	§ 1,342,39	
	Non-accredited Investors	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 offering	Type of Security	Dollar Amount 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 issuer. 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. 0 X Transfer Agent's Fees 0 X Printing and Engraving Costs.... 20,000 × Legal Fees 0 × Accounting Fees.... × 0 Engineering Fees..... 0 × Sales Commissions (specify finders' fees separately)..... 5,000 X Other Expenses (identify) Blue Sky filing fees and miscellaneous

25,000

×

Total.....

b	. Enter the difference between the aggregate of duestion 1 and total expenses furnished in response							
	ne "adjusted gross proceeds to the issuer."						\$_	399,975,000
f a	ndicate below the amount of the adjusted gross processor each of the purposes shown. If the amount for an and check the box to the left of the estimate. The djusted gross proceeds to the issuer set forth in response	ny purpose is not known, furnish an esti total of the payments listed must equa	imate	2				
_		(yments to			
					Officers, ectors, &			Payments To
					ffiliates			Others
	Salaries and fees		×	\$		×	l \$-	0
	Purchase of real estate		×	\$		×	S -	
	Purchase, rental or leasing and installation of ma	chinery and equipment	×	\$	0	×] \$-	0
	Construction or leasing of plant buildings and fa	cilities	×	\$		×	l \$-	0
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass				•			
	pursuant to a merger)		×	\$		_] \$ -	
	Repayment of indebtedness		×	\$	0		\$-	0
	Working capital		X	\$	0	×	 \$-	399,975,000
	Other (specify):		×	\$ 	0	×	\$-	0
			×	\$	0	. 🗵	S -	0
	Column Totals		×	\$	0	. X	i \$-	399,975,000
	Total Payments Listed (column totals added)				区 \$	399,	975	,000
		D. FEDERAL SIGNATURE						
signat	suer has duly caused this notice to be signed by the are constitutes an undertaking by the issuer to furnitation furnished by the issuer to any non-accredited in	sh to the U.S. Securities and Exchange	Con	ımission				
Issuer	(Print or Type)	Signature				Date	e	·
Compass Fund, LP		Edme &	_£	en		04	1/4	<i>(</i> /03
Name	of Signer (Print or Type)	Title of Signer (Print or Type)			· · · · · · · · · · · · · · · · · · ·			
Ву:	Compass Fund Management, LLC, its General Partner	General Partner						
Ву:	Edward Ehee, Manager							

D. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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

_ ATTENTION _