FORM D

03057087

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

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden

hours per response

FORM D

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

SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

RECEIVED

SEC USE ONLY

Prefix Serial

DATE RECEIVED

.16.00

	The second second
Name of Offering (Check if this is an amendment and name has changed, and indicate change.)	
TWB Ventures, Ltd., a Texas limited partnership, UNITS OF LIMITED PARTNERSHIP	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of filing: New Filing	
A. BASIC IDENTIFICATION DAT	
Enter the information requested about the issuer	
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)	
TWB Ventures Ltd., a Texas limited partnership	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3821 Juniper Trace, Suite 108, Austin, Texas 78738	(512) 402-1822
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
The Partnership has been formed with the intent (i) to enter into a Franchise Agreement with W Jacksonville, Florida area, (ii) to identify, purchase or lease, finance, construct, develop and opermarket, (iii) if feasible and if negotiated with Whataburger, to open new markets for Whataburgattempt to capture any other Whataburger opportunities that may exist or open, worldwide	erate Whataburger franchised restaurants in the Jacksonville
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: Month Year] Actual □ PROCESSED
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for S CN for Canada; FN for other foreign jurisdiction)	T X MAY 09 2003

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.

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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.

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2. Enter the information req	uested for the followi		I ICALION BALA		<u> </u>									
Each beneficial ownEach executive office	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)													
TWB General Partner, LLC														
Business or Residence Address	(Number and Street,	City, State, Zip Code)												
3821 Juniper Trace, Suite 10			N p											
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner		☐ Director	☐ General and/or Managing Partner									
Full Name (Last name first, if	individual)													
Gregory L. Feste					· · · · · · · · · · · · · · · · · · ·									
Business or Residence Address	(Number and Street,	City, State, Zip Code)												
3821 Juniper Trace, Suite 10		738												
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner									
Full Name (Last name first, if	individual)													
Joseph Bell														
Business or Residence Address	s (Number and Street,	, City, State, Zip Code)												
4202 Lakeway Blvd., Austin,		M D C : i o												
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner									
Full Name (Last name first, if	individual)													
Leonard Davis Business or Residence Address	s (Number and Street	, City, State, Zip Code)												
1873 S. Comanche Drive, Ch	andler. Arizona 852	48												
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner									
Full Name (Last name first, if	individual)													
James Schneider Business or Residence Addres	S (Number and Street	City State 7in Code)												
	•	, On, and, 21p Code)												
21 Hedge Lane, Austin, Texa Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	General and/or									
					Managing Partner									
Full Name (Last name first, if	individual)													
Andre Wadsworth Business or Residence Addres	s (Number and Street	, City, State. Zip Code)												
		, - ₁ ,,p coup)												
703 E. Windmere Drive, Phe Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner									
Full Name (Last name first, if	individual)													
Mike Williams														
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)												
48 Ponderosa Court, Orchar	d Park. New York 1	4172	•											

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

			IFICATION DATA											
2. Enter the information requ	uested for the followi	ng:												
Each beneficial ownEach executive office	 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 Managing Partner									
Full Name (Last name first, if i	ndividual)													
Don A. Boselli Business or Residence Address	(Number and Street,	City, State, Zip Code)												
6 Glendenning Lane, Houston	1 Texas 77024													
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner									
Full Name (Last name first, if i	ndividual)													
Mark Brunell Business or Residence Address	(Number and Street,	City, State, Zip Code)												
911 Ponte Vedra Blvd., Ponte	Vedra Beach, Flori													
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner									
Full Name (Last name first, if i	ndividual)													
Flynn C. Kile	<u> </u>	o												
Business or Residence Address	(Number and Street,	City, State, Zip Code)												
16358 Via Del Alba, Rancho			Dr		—									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner									
Full Name (Last name first, if i	ndividual)													
Curtis Brown	(Number and Chart	City State 7in Code)												
Business or Residence Address	•	, City, State, Zip Code)												
61 Troon, East Aurora, New Check Box(es) that Apply:	York 14052 Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or									
Chisti Son(es) mat rippiy.		E DONOMINION OWNER	_ SACCEATE OTHER		Managing Partner									
Full Name (Last name first, if	individual)													
Ernie Conwell	Olymbon - d Ctro	City State 7im Cada												
Business or Residence Address		• • • • •												
309 White House Farm Dr., Check Box(es) that Apply:	Chesterfield, Missou Promoter	ri 63017 Beneficial Owner	Executive Officer	Director	General and/or									
Zinen Zen(es) macrippiy.	Tonou	E Strongar Owner	_ Excessive Officer		Managing Partner									
Full Name (Last name first, if	individual)													
Marques Tuiasosopo	Alumhou and Ctores	City State Zin Cade	, ,											
Business or Residence Address														
1220 Harbor Bay Parkway, A Check Box(es) that Apply:	Alameda, California Promoter	94052 Beneficial Owner	☐ Executive Officer	Director	☐ General and/or									
					Managing Partner									
Full Name (Last name first, if	individual)				-									
Jeff Blake														
Business or Residence Address	s (Number and Street	, City, State, Zip Code)												
2626 Ravello Ridge Dr., Aust	tin. Texas 78735			•										

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1,1	 			B. II	NFORMATI	ON ABOUT	OFFERING	3-			N 177 1.	400 42
											Yes	No
1. Has the	issuer sold, or	does the issue	er intend to se	ll, to non-acc	redited invest	ors in this of	fering?	••••••				\boxtimes
				Answer also	in Appendix	, Column 2, i	f filing under	ULOE.				
2. What is	the minimum	investment th	at will be acco	epted from an	y individual?		••••••	••••••		••••••	\$	25,000
											Yes	No
	e offering perm										\boxtimes	
	he information											
	ration for solic f a broker or de											
	sted are associa									ve (3) persons		
	(Last name fire										-	
None	(.,)									
	Residence Ad	dress (Numb	er and Street.	City, State, Z	in Code)							
				y,, <u>-</u>								
Name of As	sociated Broke	er or Dealer	-,									
		. 0. 200.0.										
States in W	hich Person Lis	sted Has Solie	cited or Intend	ls to Solicit P	urchasers							
	Check "All St										☐ A11	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	(Last name firs	t, if individua	ıl)									
Business or	Residence Ado	lress (Numbe	er and Street,	City, State, Z	ip Code)							
Name of As	sociated Broke	r or Dealer										
	nich Person Lis											
	Check "All Sta	ites" or check	individual St	ates)		••••••	······		•••••			11 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	(Last name firs	t, if individua	ıl)									
						···						
Business or	Residence Add	iress (Numbe	er and Street,	City, State, Z	ip Code)							
NICA-		- D. 1										
Name of As	sociated Broke	r or Dealer										
States in W/	nich Person Lis	ted Hee Solie	itad or Intend	In to Colinit D	urahasars							
	Check "All Sta											Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AZ] [IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[IL] [MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	(SC)	[SD]	[TN]	[TX]	(UT)	(VT)	[VA]	(WAI	[WV]	(WI)	(WY)	(PR)

[TN] [TX] [UT] [VT] [VA] [WA] [V (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter				<u> </u>
	"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.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity	-		. ·	0
	☐ Common ☐ Preferred	-			
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	-	4,000,000.00	. \$ \$	2,425,000.00
	·	_	4,000,000.00	. *	2,423,000.00
	Other (Specify)	_		\$	
	Total	\$ _	4,000,000.00	. \$	
2.	Answer also in Appendix, Column 3, if filing under ULOE. 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		13	\$	2,425,000.00
	Non-accredited Investors		0	- \$	
	Total (for filings under Rule 504 only)	-		- \$	
3.	Answer also in Appendix, Column 4, if filing under ULOE. 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.	-		-	
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees	······	🛛	\$	50,000
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify) Service fees associated with service fees including negotiations with franchisor market review, site analysis and construction evaluation, search for executive staff, arranging debt financial diligence.	, preli ng, an	minary d due	\$	350,000
				-	,

400,000

b. Enter the difference between the aggregate price given in responsible to Part C – Question 4.a. This difference is the "adjusted gross"		otal exp	oense.	s furnished in response	e \$		3,600,000.0
5. Indicate below the amount of the adjusted gross proceeds to purposes shown. If the amount for any purpose is not known, estimate. The total of the payments listed must be equal the adjupent C - question 4.b above.	furnish an estimate and check the	e box t	o the	left of the			
				Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and fees		\boxtimes	\$	750,000.00		\$	
Purchase of real estate			\$			\$	
Purchase, rental or leasing and installation of machinery and eq	uipment		\$			\$	
Construction or leasing of plant buildings and facilities			\$			\$,
Acquisition of other businesses (including the value of securitie			s			s	
may be used in exchange for the assets or securities of another i Repayment of indebtedness			, -			· —	
Working capital					. 🗆	\$ <u> </u>	1 420 000 00
•			\$ _			\$ <u> </u>	1,420,000.00
Other (specify): Inventory, Training/ Travel Expenses			\$ -		. 🗆	\$ —	1,430,000.00
Column Totals			\$ <u>_</u>	750,000	. 니	\$ <u> </u>	2,850,000.00
Total Payments Listed (column totals added)				×	3,600	,000.00	<u> </u>
D	, FEDERAL SIGNATURE						
The issue has duly caused this notice to be signed by the undersigned of undertaking by the issuer to furnish to the U.S. Securities and Exchange accredited investor pursuant to paragraph (b)(2) of Rule 502.							
Signature (Print or Type) Signature			D	ate			
TWB Ventures, Ltd.	man e Futo	_	-	5.7.0	2		
Name of Signer (Print or Type) Title of Signer	T (Trint or Type)						
Gregory L. Feste President of	TWB General Partner, LLC, tl	ie gene	eral p	artner of the Issuer			
	ATTENTION						

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

		E. STATE SIGNATURE			
				Yes	No
1.	Is any party described in 17 CFR 230.262 prese	ntly subject to any of the disqualification provisions of suc	ch rule?		\boxtimes
		See Appendix, Column 5, for state response.			
2.	The undersigned issuer hereby undertakes to funtimes as required by state law.	nish to any state administrator of any state in which this not	ice is filed, a notice on Form D (17 C	FR 239.50	0) at such
3.	The undersigned issuer hereby undertakes to fur	mish to the state administrators, upon written request, info	rmation furnished by the issuer to of	ferees.	
4.	· ·	is familiar with the conditions that must be satisfied to be en stands that the issuer claiming the availability of this exem-	· ·		'
The perso		ntents to be true and has duly caused this notice to be sign	ed on this its behalf by the undersign	ned duly at	uthorized
	r (Print or Type)	Signature	Date		
TWI	3 Ventures Ltd.	- e Feste	5.7.03		
Nam	e of Signer (Print or Type)	Title of Signer (Frint or Type)	· · · · · · · · · · · · · · · · · · ·		
Greg	gory L. Feste	President of TWB General Partner, LLC, the general	al partner of the Issuer		

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.

					APPENDIX						
1	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)	Type of investor and amount purchased in State (Part C – Item 2)				of security aggregate Type of investor ring price amount purchased in state (Part C – Item		Disqualific State UL attach exp waiver	eation under OE (if yes, lanation of granted) - Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL					 						
AZ											
		✓	Limited Partnership Units	2	\$550,000	0	0		1		
AR											
CA		~	Limited Partnership Units	2	\$175,000	0	0		/		
СО							10-10-14 TW 10-16 TW				
СТ											
DE											
DC											
FL		✓	Limited Partnership Units	1	\$250,000	0	0		1		
GA											
HI											
ID											
IL											
IN											
IA											
KS											
KY											
LA											
ME											
MD							,				
MA							11,800				
MI											
MN											
MS				t t							
MO		1	Limited Partnership Units	1	\$150,000	0	0		1		

		2.4			APPENDIX		1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
1	Intend t	to sell to credited s in State	Type of security and aggregate offering price		Disqualification under State ULOE (if yes, attach explanation of waiver granted)				
		- Item 1)	offered in state (Part C – Item 1)		(Part C	C – Item 2)		Waiver (Part E	granted) - Item 1)
				Number of Accredited		Number of Non-Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
MT									
NE									
NV									
NH									
NJ									
NM									
NY		·	Limited Partnership Units	2	\$325,000	0	0		√
NC			Turtiersinp Cities		W323,000				
ND									
ОН									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX		/	Limited Partnership Units	5	\$975,000	0	0		1
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR						·	1		