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FORM D



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 response16.00

FORM D

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

MAY 0 8 2002

QECEIVED

SEC USE ONLY
Serial

UNIFORM LIMITED OFFERING EXEMPTION 164

DATE RECEIVED

Name of Offering (Check if this is an	amendment and name has changed, and indicate change.)	
OWB Ventures, Ltd., a Texas limited p	artnership, 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	Amendment	
	A. BASIC IDENTIFICATION DA	
1. Enter the information requested about	the issuer	
Name of Issuer (Check if this is an an	nendment and name has changed, and indicate change.)	
OWB Ventures Ltd., a Texas limited pa		
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 Delevier I Province Constitute	Olymphan and Street City State 7in Code)	
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	
(if different from Executive Offices)		701-1 - N 1 - (7-1 F - 1 - 0.1)
		Telephone Number (Including Area Code)
Brief Description of Business		•
•	``	Whataburger, Inc. to become the exclusive franchisee in the
, , , , , , , , , , , , , , , , , , , ,		perate Whataburger franchised restaurants in the Jacksonville rger restaurants in Tampa and Orlando, Florida, and (iv)
,	rger opportunities that may exist or open, worldwide	rger restaurants in Tampa and Orlando, Florida, and (iv)
Type of Business Organization	ger opportunities that may exist or open, worldwide	
corporation	☐ limited partnership, already formed	other (please specify):
business trust	limited partnership, to be formed	nnaces specify
	Month Year	PROCLUSE
Actual or Estimated Date of Incorporation		Actual Espingated O 2003
•	ion: (Enter two-letter U.S. Postal Service abbreviation for	
	Canada; FN for other foreign jurisdiction)	
CN Ioi	Canada, 174 for other foreign jurisdiction)	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.

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.

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2. Enter the information rec	wested for the follow		IFICATION DATA		
2. Enter the information rec	juested for the forlow	6.			,
		has been organized within the p			
			vote or disposition of, 10% or mor general and managing partners of		
	cer and director of co canaging partner of pa		general and managing partners of	partnersing issuers, and	u
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
]					
OWB General Partner, LLC Business or Residence Address		City State 7in Code)			
Dusiness of Residence Address	isone and succi	, City, State, Zip Code)			
3821 Juniper Trace, Suite 10					
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	Executive Officer	☐ 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, Zin Code)			
Dusmous of Residence Address	(Trainion and Street	, city, blate, zip code)			
3821 Juniper Trace, Suite 10		738			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
					Managing Lattice
Full Name (Last name first, if	individual)				
Jasanh Ball					
Joseph Bell Business or Residence Address	Number and Street	City, State, Zip Code)			
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, c., , c, <u>-</u> ., c.c.,			
4202 Lakeway Blvd., Austin,		N n ~ 10			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
					ivialiaging t articl
Full Name (Last name first, if	individual)	··· - · · - · · · · · · · · · · · · · ·			
Leonard Davis					
Business or Residence Address	(Number and Street	, City, State, Zip Code)			
		•			
1873 S. Comanche Drive, Ch Check Box(es) that Apply:	andler, Arizona 852 Promoter	48 ⊠ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Check Box(es) that Apply.	ridilotei	M Delicited Owlie	Executive Officer	☐ Director	Managing Partner
					
Full Name (Last name first, if	individual)				
James Schneider					
Business or Residence Address	s (Number and Street	, City, State, Zip Code)			
21 Hadga Lana Austin Tava	n 79746				
21 Hedge Lane, Austin, Texa Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
				_	Managing Partner
E. II Norman (Landaman Cont.) Cont.	(=41(44)\		· 		
Full Name (Last name first, if	individual)				
Andre Wadsworth					
Business or Residence Address	s (Number and Street	, City, State, Zip Code)			
703 E. Windmere Drive, Phe	nix, Arizona 85248				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
. an manne (past name mist, it					
Mike Williams	01 1 10	0: 0: 7: 0 1:			
Business or Residence Address	s (Number and Street	, City, State, Zip Code)			
48 Ponderosa Court, Orchar	d Park. New York 1	4172		1	

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

		A PASIC IDENT	IEICATION DATA		
2. Enter the information rec	nuested for the follow	A. BASIC IDENT	IFICATION DATA		
	•	has been organized within the p	act five vears:		
			vote or disposition of, 10% or more	re of a class of equity se	ecurities of the issuer;
			general and managing partners of	partnership issuers; and	d
 Each general and n 	nanaging partner of pa	artnership issuers.			
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Don A. Boselli					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
6 Glendenning Lane, Housto Check Box(es) that Apply:	Promoter	Beneficial Owner		Director	General and/or
Check Box(es) that Apply.	Fromoter	M Delicitatiowile	M Exceditive Officer	Director	Managing Partner
Full Name (Last name first, if	individual)				
,	marviduary				
Mark Brunell Business or Residence Addres	s (Number and Street	City State Zin Code)			
Dusiness of Residence Address	s (Number and Succe	, City, State, Zip Code)			
911 Ponte Vedra Blvd., Pont					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
	,			•	
Flynn C. Kile Business or Residence Addres	c Alumber and Street	City State Zin Code)			
business of Residence Addres	s (Number and Street	, City, State, Zip Code)			
16358 Via Del Alba, Rancho					
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Curtis Brown					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
4.5		•			
61 Troon, East Aurora, New Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Ernie Conwell					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
309 White House Farm Dr.,	Chastoufield Misses	! 62017			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
	_	_		_	Managing Partner
Full Name (Last name first, if	individual)		<u> </u>		
Marques Tuiasosopo					
Business or Residence Addres	s (Number and Street	, City, State, Zip Code)			
1220 Harbor Bay Parkway,	Alameda, California	94052			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
5 nn - (1	2 32 23 31				
Full Name (Last name first, if	individual)				
Jeff Blake Business or Residence Addres	S (Number and Street	City State 7in Code)			
Business of Residence Addres	a transper and Street	, City, State, Lip Code)			
2626 Ravello Ridge Dr., Aus	tin, Texas 78735				

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	,			, B. I	NFORMATI	ON ABOUT	OFFERING	$oldsymbol{G}$. The state of $oldsymbol{G}$			r OWN	
											Yes	No
1. Has the is	ssuer sold, or	does the issue	er intend to se	il, to non-acc	redited invest	ors in this of	fering?					\boxtimes
				Answer also	in Appendix	, Column 2, i	f filing under	r ULOE.				
2. What is t	he minimum	investment th	at will be acc	epted from ar	y individual?	***************************************					\$	25,000
											Yes	No
3. Does the	offering pern	nit joint owne	rship of a sing	gle unit?		•••••		•••••			\boxtimes	
										on or similar		
										ated person or ve (5) persons		
					a state of state					ve (3) persons		
Full Name (, , , , , , , , , , , , , , , , , , , ,					•	· · · · · · · · · · · · · · · · · · ·	
None		-,)									
	Residence Ad	dress (Numb	er and Street.	City, State, 2	Zip Code)				.,			
				,-								
Name of Ass	ociated Broke	er or Dealer										
States in Wh	ich Person Li	sted Has Solid	ited or Intend	ds to Solicit P	urchasers							
((Check "All St	ates" or check	individual S	tates)		***************************************					☐ All	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	ast name firs	t, if individua	1)									
Business or R	tesidence Add	lress (Numbe	er and Street,	City, State, Z	ip Code)							
Name of Asso	ociated Broke	r or Dealer										
										 _		
States in Whi					urchasers							11.04
-	heck "All Sta					(CT)			rr.		_	Il States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD] [NC]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	(NH) [TN]	[UJ] [TX]	[NM] [UT]	[NY] [VT]	[VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name (I			<u> </u>	[17]	[01]	[• 1]	[YA]	[WA]	[***]	fwil	[44 1]	[1 K]
run Hanne (1	ast name ms	i, ii iiidividda	.1)									
Business or R	esidence Ado	Iress (Numbe	er and Street.	City, State, Z	in Code)							
240				,,,	.,							
Name of Asse	ociated Broke	r or Dealer										
States in Whi	ch Person Lis	ted Has Solic	ited or Intend	s to Solicit P	urchasers							
(C	heck "All Sta	ites" or check	individual St	ates)							□ A1	II States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[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]

(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 "0" if the 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 Already Sold
	Debt	\$		0	\$	0
	Equity	s -	· · · · · · · · · · · · · · · · · · ·	0	s -	0
	Common Preferred	-		_	_	
	Convertible Securities (including warrants)	\$		0	\$	0
	Partnership Interests	s ⁻	4,000,000.00	_	\$	2,425,000.00
	Other (Specify)	\$			\$	
	Total	_	4,000,000.00	_	s -	
	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		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				s	2012
	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			3	\$	0
	Printing and Engraving Costs]	\$	0
	Legal Fees			3	\$	50,000
	Accounting Fees]	\$	0
	Engineering Fees			ם	\$	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 financing diligence.	preli g, and	minary i due		\$ \$	350,000
	Total				\$ - \$	400,000
	I Vial	•••••	2	7	ъ –	400,000

S. W. China and J. C. C. (1992) "Phys. Phys. B 1984, 1987 (1983) (1983) (1983) (1983) (1983) (1983) (1983)	A Commence of the Commence of	RICE, NUMBER OF	is at the second	2886	2942746.						
b. Enter the difference between to Part C - Question 4.a. The	veen the aggregate pr his difference is the	ice given in response to "adjusted gross proceed	Part C – Question 1 and s to the issuer."	total ex	pense	es furnis	hed in response	\$		3,600,000.	
5. Indicate below the amorpurposes shown. If the amorestimate. The total of the part C - question 4.b above.	ount for any purpose syments listed must b	is not known, furnish a	n estimate and check the	he box t	o the	left of	the				
						Di	ayments to Officers, rectors, & Affiliates			Payments To Others	
Salaries and fees				\boxtimes	\$		750,000.00		\$		
Purchase of real estate					\$				\$		
Purchase, rental or leasing a	nd installation of ma	chinery and equipment			\$				\$		
Construction or leasing of pl	lant buildings and fa	cilities			\$				\$		
Acquisition of other busines may be used in exchange for					\$				\$		
Repayment of indebtedness.					\$				\$		
Working capital					\$			\boxtimes	\$	1,420,000.00	
Other (specify): Inventory,	Training/ Travel Exp	enses			\$				\$	1,430,000.00	
Column Totals					\$		750,000		\$	2,850,000.00	
Total Payments Listed (colur	mn totals added)					\boxtimes	\$	3,600	,000.	00	
			100 C.								
he issue has duly caused this notice ndertaking by the issuer to furnish coredited investor pursuant to para	to the U.S. Securities	es and Exchange Comm	orized person. If this no ission, upon written req	otice is t uest of i	iled t ts sta	inder Ri	ule 505, the fo	llowin nished	g sig by t	nature constitutes an he issuer to any non-	
ssuer (Print or Type)		Signature			1	Date	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			Te Te	Ti	7		5.7.0	3			
WB Ventures, Ltd.							<u></u>				
WB Ventures, Ltd.		Title of Signer (Pant	7/ / /			gory L. Feste President of OWB General Partner, LLC, the general partner of the Issuer					

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 preser	atly subject to any of the disqualification provisions of such rule?		\boxtimes
		See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnitimes as required by state law.	ish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CI	FR 239.500	0) at such
3.	The undersigned issuer hereby undertakes to furn	nish to the state administrators, upon written request, information furnished by the issuer to off	erees.	
4.		s familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering stands that the issuer claiming the availability of this exemption has the burden of establishing the		
The i		tents to be true and has duly caused this notice to be signed on this its behalf by the undersign	ed duly at	thorized
Issue	r (Print or Type)	Signature Date		
owi	3 Ventures Ltd.	5.7.03		
Name	e of Signer (Print or Type)	Title of Signer (Pant or Type)		
Greg	ory L. Feste	President of OWB General Partner, LLC, the general 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.

1		2	3			4			5
	non-ac	to sell to credited s in State - Item 1)	Type of security and aggregate offering price offered in state (Part C - Item 1)		amount pu	investor and rchased in State C – Item 2)		attach exp waiver	eation under DE (if yes, lanation of granted) Item 1)
Cara	*/			Number of Accredited		Number of Non-Accredited	4		•
State AL	Yes	No		Investors	Amount	Investors	Amount	Yes	No
AK									
AZ		 	Limited						
AR		*	Partnership Units	2	\$550,000	0	0		*
CA									
CA		/	Limited Partnership Units	2	\$175,000	0	0		/
СО									
CT									
DE					<u> </u>				
DC									
FL			Limited			_			
GA		<u> </u>	Partnership Units	1	\$250,000	0	0		*
HI									
ID									
IL									
ĪN									
IA									
KS									
KY									
LA									
ME									
MD		-							
MA									
MI									
MN									
MS									
МО		/	Limited Partnership Units	1	\$150,000	0	0		*

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1	- 2	2	3		<u>`</u>	4	· · · · · · · · · · · · · · · · · · ·		5
	Intend t non-acc	o sell to	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of amount pu	f investor and irchased in State C – Item 2)		Disqualific State UL attach exp waiver	cation under OE (if yes, planation of granted) - Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT									1
NE									
NV									
NH								_	
NJ								_	
NM								_	<u> </u>
NY		1	Limited Partnership Units	2	\$325,000	o	0		/
NC									
ND								_	
ОН								_	
OK									
OR								_	ļ
PA		-						_	
RI	:							_	
SC								_	
SD									
TN								_	
TX		·	Limited Partnership Units	5	\$975,000	0	0		
UT			Turnionip on a						
VT									
VA									
WA			,						
WV									
WI									
WY							·		-
PR					,				