

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

manually:	executed;
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## OMB APPROVAL

OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response . . . 1.00

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Name of Offering Laddcap Value Partners		is an amendment	and name has char	ged, and indicate	e change.)	29849
Filing Under (Check box(e	s) that apply):	☐ Rule 504	☐ Rule 505	🗵 Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	☑ New Filing	□ A <sub>1</sub>	mendment			
:	5	A. BA	SIC IDENTIFICATIO	N DATA		
Enter the information requ	ested about the iss	uer				
Name of Issuer Laddcap Value Partners		f this is an amend	Iment and name has	changed, and ir	ndicate change.)	
Address of Executive Offices (Number and Street, City, State, Zip Code) 650 Fifth Avenue, Suite 600, New York, New York 10019  Telephone Number (Including Area Code) (212) 259-2070						
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as above  Telephone Number (Including Area Code) Same as above					luding Area Code)	
Brief Description of Busine To invest its assets by coasset class that is the su	oncentrating on a		of small to micro-c	apitalization pu	blic securities to take	advantage of an
Type of Business Organiza  □ corporation  □ business trust	ation		artnership, already for artnership, to be forn		□ other (please spec	0.1 2003
Actual or Estimated Date of Jurisdiction of Incorporation		(Enter two-lette	Month/Year  2/03 er U.S. Postal Service; FN for other foreign		☐ Estimated or 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, it 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 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 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.

	A. BASIC IDENTI	FICATION DATA		
<ul> <li>2. Enter the information requested for the fo</li> <li>Each promoter of the issuer, if the issuer that is each beneficial owner having the poof the issuer;</li> <li>Each executive officer and director of Each general and managing partner</li> </ul>	suer has been organized with wer to vote or dispose, or dir f corporate issuers and of co	ect the vote or disposition of		
Check Box(es) that Apply: 図 Promoter	☐ Beneficial Owner	□ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if individual) Laddcap Value Associates LLC (the "Gene	ral Partner")			
Business or Residence Address (Number 650 Fifth Avenue, Suite 600, New York, New	r and Street, City, State, Zip V York 10019	Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Ladd, Robert				
Business or Residence Address (Number c/o Laddcap Value Associates LLC, 650 Fif	r and Street, City, State, Zip th Avenue, Suite 600, New			
Check Box(es) that Apply: ☐ Promoter	🗵 Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Bukiet, Al				
Business or Residence Address (Numbe 855 Valley Road, Clifton, New Jersey 0701	er 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) <b>Bukiet, Joseph</b>				
Business or Residence Address (Numbe 855 Valley Road, Clifton, New Jersey 0701	er 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	er 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	er and Street, City, State, Zip	Code)		

				В.	INFORM	ATION A	BOUT OF	FERING			•	* * * * * * * * * * * * * * * * * * * *
	Answer also in Appendix, Column 2, if filing under ULOE.					X	No □ 50,000*					
3. E	oes the offe	ring permi	t joint owne	rship of a s	single unit?		• • • • • • • • • • • • • • • • • • • •					
c o a a	inter the info ommission ffering. If a nd/or with a ssociated pe	or similar person to state or sersons of s	remunerati be listed i states, list t such a broke	on for soli s an assoc he name c er or dealer	icitation of ciated pers of the broke	purchasers on or ager er or dealer	s in conne it of a brok r. If more	ection with ter or deale than five (5	sales of s er registere 5) persons	ecurities in d with the to to be listed	the SEC	
	lame (Last i pplicable.	name first	, if individu	al)								
	ess or Resi	dence Ad	dress (Nun	nber and S	Street, City	, State, Zip	Code)		· · · · · · · · · · · · · · · · · · ·			
Name	e of Associa	ted Broke	r or Dealer	•							· · · · · · · · · · · · · · · · · · ·	
State	s in Which I	Person Lis	sted Has So	olicited or	Intends to	Solicit Pur	chasers	<del></del>		<del></del>	<del></del>	
	(Check "	'All States	" or check	individual	States)							All 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	lame (Last i	name first	, if individu	al)								
Busin	ess or Resi	dence Ad	dress (Nun	nber and S	Street, City	, State, Zip	Code)					
Name	e of Associa	ited Broke	r or Dealer	•						<del></del>		
State	s in Which F	Person Lis	sted Has S	olicited or	Intends to	Solicit Pur	chasers					
	(Check "	'All States	" or check	individual	States)							All 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]
	lame (Last	name first	, if individu	al)								
Busin	ess or Resi	dence Ad	dress (Nun	nber and S	Street, City	, State, Zip	Code)	· · · · · · · · · · · · · · · · · · ·				
Name	e of Associa	ited Broke	r or Dealer									
State	s in Which I	Person Lis	sted Has S	olicited or	Intends to	Solicit Pur	chasers					
	(Check "	'All States	" or check	individual	States)							All 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]

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 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 \(\sigma\) and indicate the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Aggregate Amount Already Offering Price Sold 0 \$ Debt.....\$ Equity: \$ 0 \$ □ Common □ Preferred Convertible Securities (including warrants): \$ 0 \$ 1,000,000,000(a) \$ 14,239,000 Other (Specify \_\_\_\_\_\_)......\$ 0 \$ 1,000,000,000(a) \$ Total ...... \$ 14,239,000 Answer also in Appendix, Column 4, 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." Aggregate Number Dollar Amount Investors of Purchases 19 14,228,000 Accredited Investors..... 1 \$ 11,000 Non-accredited Investors..... Total (for filings under Rule 504 only) <u>20</u> \$ 14,239,000 Answer also in Appendix, Column 3, 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. Dollar Amount Type of Type of offering Security Sold N/A N/A Rule 505 N/A \$ N/A Regulation A..... \$ N/A N/A Rule 504 ..... N/A N/A Total ..... 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. ΙXΙ

(a) Open-ended fund; estimated maximum aggregate offering amount.

Transfer Agent's Fees ..... Printing and Engraving Costs

Legal Fees.....

Accounting Fees.

Engineering Fees .....

Sales Commissions (specify finders' fees separately).....

Other Expenses (identify: Filing Fees ).....

Total .....

X

X

X

X

X

ſΧΊ

X

\$

\$

\$

\$

\$

\$

2,500

35,000

7,500

5,000

50,000

0

0

0

C.	OFFERING PRIC	E. NUMBER	OF INVESTORS	EXPENSES A	AND USE	OF PROCEEDS
						~

b. Enter the difference between the aggregate offering price given in response to Part C - Question
 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

\$ <u>999,950,000</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes below. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjustment gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

		Paymen Officer Director Affiliate	rs, s, &			Payments to Others
Salaries and fees	X	\$	<u>o</u>	X	\$	<u>0</u>
Purchase of real estate	X	\$	<u>o</u>	X	\$	<u>0</u>
Purchase, rental or leasing and installation of machinery and equipment	X	\$	<u>o</u>	X	\$	<u>0</u>
Construction or leasing of plant buildings and facilities	X	\$	<u>o</u>	X	\$	<u>0</u>
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	図	\$	<u>0</u>	X	\$	<u>0</u>
Repayment of indebtedness	X	\$	<u>o</u>	X	\$	<u>0</u>
Working capital	X	\$	<u>o</u>	X	\$	<u>0</u>
Other (specify): Portfolio Investments	X	\$	<u>o</u>	X	\$	999,950,000
Column Totals	X	\$	<u>o</u>	X	\$	999,950,000
Total Payments Listed (column totals added)	X		\$ <u>99</u>	99,95	0,0	<u>00</u>

# D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)  Laddcap Value Partners LP	Signature Date 4/25/03
Name (Print or Type) Robert Ladd	Title of Signer (Print or Type)  Managing Member of the General Partner

**ATTENTION** 

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