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UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 28549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

122	4536
OMB APP	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply):	
A. BASIC DENTIFICATION DATA	
1. Enter the information requested about the issuer	03057623
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.)	
Address of Executive Offices (Number and Street, City State, Zip Code) Telephone Number 5201 Blue Lancon Dr 5-71 (505) 71	(Including Area Code)
	(Including Area Code)
(if different from Executive Offices)	
Brief Description of Business	
Manufacturere of Wallboard + assoc build	ing materials
Corporation timited partnership, already formed other (please specify): business trust limited partnership, to be formed	PROCESSED
Actual or Estimated Date of Incorporation or Organization:	MAY 13 2003
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Federal:

GENERAL INSTRUCTIONS

Who Must File: All justers 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. 774(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the officing. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is required 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.

re 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 runnually 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 proviously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filting Fee: There is no indural filling for

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 predictated on the filling of a foderal notice.

SEC 1972 (6-02)

Persons who 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.

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2. Easter 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		• -	uci
Each executive officer and director of corporate issuers and of corporate general and man	aging purtners of	partnership issuers; and	
Each general and messeging partner of pertnership issuers.			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner	
HYJEK ANDREW		manging return	
Full Name (Lest mane first, if malvidual)			
Business or Residence Address (Number and Street, City, State, Zip Code)	·····		
MIAMI FL 38126			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or	_
ANTHONY DAVID		Managing Partner	
Full Name (Last name, first, if individual)			
5201 Due Lancon Dr.			
Business or Residence Address (Number and Safet, City, State, Zip Code)			
MIAMI FL 35126			_
Check Box(es) that Apply: Promotor Beneficial Owner P Executive Officer	Director	General and/or Managing Partner	
Full Name (Last name first_if (individual)			
5201 Bills 100000 Da			
Besiness or Residence Address (Number and Street, City, State, Zip Code)			
MIAMI FL 53126			
Check Box(en) that Apply: Promoter Beneficial Owner Executive Officer	Director	General end/or	
NICHOLLS JAMES		Managing Purtner	
Pull Name (Last name first if individual)			
0201 Due Lagon Un			_
Business of Residence Address (Number and Street, City, Sate, Zip Code)			
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or	
GODDVEAR STEVEN		Managing Partner	
Full Name (Last name first, if individual)			_
5201 Blue Lagoon Dr.			
Business or Residence Address (Number and Street, City, State, Zip Code)			
MIAMI FL 33126			
Check Box(es) that Apply: Promoter Boxeficial Owner Executive Officer	Director	General and/or Managing Partner	
WEIL'S RODER			
Pull Name (Last name first if individual)			
Business of Renidence Address (Number and Street, City, Sate, Zip Code)			
MIAMI FL 32124			
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or	
HILDRETH ROBERT		Managing Partner	
Pull Name (Last name from Af individual)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

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1. Has the	issuer sol	d, or does t	he issuer is	ntend to se	il, to non-e	ccredited i	investors in	this offer	ing?		Yes	No []
			Ans	wer also in	Appendix	, Column 2	2, if filing t	ander ULC	E.		_	_
2. What is	s the minim	nomo investm	nent that w	rill be acce	pted from	my individ	luai?		***********		s <u>10</u>	ည်ထာ
3. Does t	he offering	permit join	l ownershi	p of a sing	le unit?		•			***************	Yes	N₀ □
4. Enter t	be informa	tion reques	ted for eac	b person v	rbo has be	as or will t	be paid or a	given, dire	ctly or in	directly, an	y —	_
		nilar remune stod is an as:										
OT State	s, list the a	ame of the b	noker or de	euler. Umo	ore than fiv	e (5) perso:	ns to be list	ed are esse	ciated per	sons of suc	h	
		, you may s		e miormati	on for that	broker or	dealer only	'.				
Full Name (B			NIA	50	المالين	ET					.
Business or	Residence	Address (N	umber and	Street, Ci	State, 2	ip Code)	• K P	₽ r	<u> </u>	brade Flo	NTC	N
Name of As	sociated B	roker or De				1						<u> </u>
	N	<u> </u>										
States in W											_	
(Check	: "All State	s" or check	individual	States)						***************************************	A1	i States
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RI	SC	SD	TN	[TX]	UT	VI	VA	WA	WV		WY	PR
Full Name	(Last name	first, if ind	(laobivi	-							-	
Business o	r Residence	c Address (Number en	d Street, C	ity, State,	Zip Code)						
	N	9										
Name of As	Bocinted B	Toker or De	aler									
States in W	hich Person	n Listed Ha	s Solicited	or intends	to Solicit	Purchasers					-	
(Check	"All State	s" or check	individual	States)		****************		•••••	*************		D A	l States
AL	AK	AZ	AR	CA	(22)	CT	DE	DC	FL.	GA	HI	II
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M	NE	NV	NH	[N]	MM	NY	(NC)	ND	OH)	OK)	OR	PA
[14]	[\$C]	SD	TN		(UI)	VT	(VA)	WAI	WV	WI	WY	(PR)
Full Name	Last name	first, if ind	ividual)									
Business o	r Residence	Address (Number en	d Street, C	ily, State,	Zip Code)			-	,,		
	N	<u> </u>										
Name of A	rsociated B	toker or De	aler									
States in W	bich Person	n Listed Ha	s Solicited	or intends	to Solicit	Purchasers)					
(Check	"All State	s" or check	individua	States)				e- mar 174 sassess.	••		. DAI	I States
(AL)	AK	AZ	AR	CA	CO	CI	DE	DC	FL	GA	11	(ID)
	TN	DA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NI	NM	NY	(NC)	ND	OH	(OK)	OR	PA
RI	SC	SD	TN		(ÚT)	VT	YA	WA	WY	W	WY)	PR

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Euter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box wand indicate in the columns below the amounts of the securities offered for exchange and aiready exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt Equity S Common Preferred Other (Specify) \$ Total _______\$ 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." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only) 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 Dollar Amount Security Sold Type of Offering Rule 505_ Total Furnish a statement of all expenses in connection with the issuance and distribution of the

Accounting Fees

Engineering Fees

Sales Commissions (specify finders' fees separately)

Other Expenses (identify) finders fees

Total

Total

· 14.

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ndicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used of the purposes shown. If the amount for any purpose is not known, furnish an estimate theck the box to the left of the estimate. The total of the payments listed must equal the adjustor proceeds to the issuer set forth in response to Part C — Question 4.b above.	ste and	·
labories and fine	•	
National on the Control of the Contr	Directors, & Affiliates	Payments to Others
Salaries and (ces	2 S	s
urchase of test estate		_ D\$
Purchase, rental or leasing and installation of machinery		
nd equipment		
Construction or Jessing of plant buildings and facilities		s
Acquisition of other businesses (including the value of securities involved in this effering that may be used in exchange for the assets or securities of another source pursuant to a merger)		
Repayment of indebtedness		
Verking capital		
Wher (specify):		
		_ D\$
Column Totals	s	ம் 389118
Total Payments Listed (column totals added)	_	88911B.00
	Service Committee	
sucr has duly caused this notice to be signed by the undersigned duly authorized person. If this use constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commution furnished by the issuer to any non-accredited investor pursuant to paragraph (b)	Commission, upon writte	
Building Product (Signature)	Date 5/24/0	5
of Signer (Print or Type) Title of Signer (Print or Type)		

1	ι.	Is any party described in 17 CFR 230.262 presently subject to may of the disqualification provisions of such rule?	Yes	No.
		See Annendix Column 5 for state regroupe		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

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lastier (Print or Type)	Signature	Date
43. Building Product	Tary & Matchino	5/24/03
Name (Print or Type)	Title (Print or Type)	
Barry S. Hutchins	PRESIDENT	

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 box typed or printed signatures.

Disqualification under State ULOE Type of security intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Itsm 1) (Part C-Item 2) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No Investors Investors Amount Yes Amount No AL A.K. ΑZ AR CA CO CT DE DC COMMEN FL \$220,000,00 3728.000 GA H ID IL IN IA KS KY LA ME MD MA MI MN MS

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1	Intend to non-a investor	to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State				
State				Number of Accredited Investors	Accredited Non-Accredited				ltem 1)
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2 3 4 5 Disqualification Type of security under State ULOE intend to sell (if yes, attach and aggregate Type of investor and explanation of to non-accredited offering price investors in State officied in state amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No lavestors Amount Investors Amount Yes No WY PR

JOHN SLOAN