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SECURITIES AND EXCHANGE COMMPRO OMB Number WASHINGTON, D.C. 20549 FORM D WESTERVED SECURITIES AND EXCHANGE COMMPRO OMB Number Services. De Expires. De Expires. De Estimated av	
WASHINGTON, D.C. 20549 Expires De	sember 31, 1993
FORM D APR 20 Estimated av	erage burden
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NOTICE OF SALE OF SECURITIES FRANCE APR SEC	INSEQUITY >
ALL FOR Profit	Serial
SECTION 4(6), AND/OR	A CONTRACTOR OF THE PARTY OF TH
UNIFORM LIMITED OFFERING EXEMPTION	RÉCEIVED
	7 1
(2) 122 84 40	
Name of Offering , I check if this is an amendment and name has changed, and indicate change.) Interests in Two Entire	ties:
J.P. Morgan European Pooled Corporate Finance Private Investors II LLC and J.P. Morgan European Direct Corporate Finance	
II LLC	
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section 4(6) ☐ LUI OF	
Type of Filing: □ New Filing Amendment	,
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	111 1 0 1 1 1 1 1
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Two Entitie	03058230
J.P. Morgan European Pooled Corporate Finance Private Investors II LLC and J.P. Morgan European Direct Corporate Finance	UG 1 (17410 111
II LLC (2)	
Address of Executive Offices: 522 Fifth Avenue, New York, NY 10036 Telephone Number: 212-8:	37-2300
Address of Principal Business Operations (if different from Executive Offices) Telephone Number (Include	ling Area Code)
Same as above	,
Brief Description of Business	
Investments (directly and through other pooled investment vehicles)	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☑ other (please specify): Dela	ware limited
	lity companies
Month Year	
Actual or Estimated Date of Incorporation or Organization: 0 2 SActual Estimated	ted
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	
CN for Canada; FN for other foreign jurisdiction)	

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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A. BASIC IDENTIFICATION DATA Enter 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 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 Director ■ ☐ General and/or (Member of Board Managing Partner of Managers) Full Name (Last name first, if individual): Okerman, Gerald A. Business or Residence Address (Number and Street, City, State, Zip Code): Sota Tec Fund II, 3550 Lexington Ave. North, Suite 110, St. Paul, Minnesota 55126-8048 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director □ General and/or (Member of Board Managing Partner of Managers) Full Name (Last name first, if individual): Beer, Kenneth H. Business or Residence Address (Number and Street, City, State, Zip Code): Johnson Rice & Co. LLC, 639 Loyola Avenue, Suite 2775, New Orleans, Louisiana 70113 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ■ □ General and/or (Member of Board Managing Partner of Managers) Full Name (Last name first, if individual): Taylor, Linda R. Business or Residence Address (Number and Street, City, State, Zip Code): 22876 Fox Croft Road, Middleburg, Virginia 20117 ☐ Promoter Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer □ Director □ General and/or (Member of Board Managing Partner of Managers) Full Name (Last name first, if individual): Maertens, Maurice E. Business or Residence Address (Number and Street, City, State, Zip Code): New York University, 11 West 42nd Street, Room 402, New York, New York 10036 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director □ General and/or (Member of Board Managing Partner of Managers) Full Name (Last name first, if individual): Craighead, Andrew E. Business or Residence Address (Number and Street, City, State, Zip Code): J.P. Morgan Securities Inc., 345 Park Avenue, New York, New York 10154-1002 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or (Member of Board Managing Partner of Managers) Full Name (Last name first, if individual): Prendergast, S. Lawrence Business or Residence Address (Number and Street, City, State, Zip Code): La Branche & Co., 1 Exchange Plaza, 25th Floor, New York, New York 10006-3008

Check Box(es) that Apply:		☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i				
J.P. Morgan Investment Mar	•			
Business or Residence Addre	ess (Number and Street, City, State, Z	ip Code):		
522 Fifth Avenue, 15th Floo	r, New York, New York 10036			
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner (Investment Advisor)	☐ Executive Officer	☐ Director	⊠ General and/or Managing Partner (Managing Norther)
Full Name (Last name first, if individual): (Managing Member) DVCMM LLC				(Managing Member)
Business or Residence Addre	ess (Number and Street, City, State, Z	ip Code):		
c/o J.P. Morgan Investment I	Management Inc., 522 Fifth Avenue, 1	5th Floor, New York, N	ew York 10036	
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner (Investment Advisor)	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, i	f individual):			(Managing Member of
J.P. Morgan Direct Investors	L.P.			Managing Member)
Business or Residence Addre	ess (Number and Street, City, State, Z	ip Code):		
522 Fifth Avenue, 15th Floo	r, New York, New York 10036			<u>.</u>
Check Box(es) that Apply:	☐ Promoter ☐ Beneficial Owner (Investment Advisor)	☐ Executive Officer	☐ Director	⊠ General and/or Managing Partner
Full Name (Last name first, i	f individual):	e e e	·	(Investment Advisor)
JPMorgan Chase Bank				<u> </u>
Business or Residence Addre	ess (Number and Street, City, State, Z	ip Code):	Visit Part Company of the Company	$(-\infty)^{d}, \qquad (-\infty)^{d} = (-\infty)^{d} = (-\infty)^{d}$
522 Fifth Avenue, 15th Floo	r, New York, New York 10036	<u> </u>		
	(Use blank sheet, or copy and use a	additional copies of this s	heet, as necessa	ary)

	D. INTEGRAL TYON A DOLLOR OF THE CO.					
•	B. INFORMATION ABOUT OFFERING					
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this	offering	Yes N			
	Answer also in Appendix, Column 2, if filing under U	JLOE.				
2.	What is the minimum investment that will be accepted from any individual?					
3.	Does the offering permit joint ownership of a single unit?		Yes N ⊗ ⊏			
J.						
4.	Enter the information requested for each person who has been or will be paid or give commission or similar remuneration for solicitation of purchasers in connection with sales If a person to be listed is an associated person or agent of a broker or dealer registered state or states, list the name of the broker or dealer. If more than five (5) persons to be of such a broker or dealer, you may set forth the information for that broker or dealer or dealer.	s of securities in the offerin with the SEC and/or with listed are associated persor	g. . a			
	ame (Last name first, if individual) organ Securities Inc.	•				
Busine	ess or Residence Address (Number and Street, City, State, Zip Code)					
	urk Avenue, 6 th Floor, New York, New York 10154-1002 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]		HI] [ID] MS] [MO]			
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Full N	ame (Last name first, if individual)	and the state of t				
Busine	ess 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)	TET 1 CCA1 IT	. All States			
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	[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND]	[OH] [OK] [C	OR] [PA]			
Full N	[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] ame (Last name first, if individual)	[WV] [WI] [V	VY] [PR]			
Busine	ess 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)		. \square All States			
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	[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA]		MS] [MO]			
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	(Use blank sheet, or copy and use additional copies of this sheet,					

	• C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF	PROCEEDS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount a Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this indicate in the columns below the amounts of the securities offered for exchange and already exchange and already exchange and already exchange are securities.	box	[] and		
					Amount
	Time of Converts		Aggregate		Already Sold
	Type of Security Debt		fering Price	·	
		\$_		» <u>_</u>	
	Equity	\$	0	⊅_	0
	□ Common □ Preferred	_		_	
	Convertible Securities (including warrants)	\$		\$_	
	Partnership Interests	\$_	0	\$_	0
	Other (Specify Limited Liability Company Interests)		32,005,000	\$_	32,005,000
	Total	\$_	32,005,000	\$_	32,005,000
	Answer also in Appendix, Column 3, if filing under ULOE.				
۷.	Enter the number of accredited and non-accredited investors who have purchased securities in this of aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter is "none" or "zero."	f per:	sons who		
	•		Mumahan		Aggregate
			Number Investors		ollar Amount f Purchases
	Accredited Investors		41	_	_32,005,000
	Non-accredited Investors		0	. ~-	<u> </u>
	Total (for filing under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.				
	Answer also in Appendix, Column 4, it filling under ODOD.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all secuthe issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sal in this offering. Classify securities by type listed in Part C-Question 1.		securities		•
	Time of official		Type of	Do	ollar Amount
	Type of offering		Security	e	Sold
	Rule 505	_		ۍ_ 	
	Regulation A Rule 504			ֆ Տ	
	Total			-	
	196	_		-	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the secu offering. Exclude amounts relating solely to organization expenses of the issuer. The information as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimathe box to the left of the estimate.	may	be given		
	Transfer Agent's Fees	. 	🗆		0
	Printing and Engraving Costs		⊠	\$	50,000
	Legal Fees	<i>.</i>	❷	\$	125,000
	Accounting Fees		🛭	\$	5,000
	Engineering Fees			s	0
	Sales Commissions (specify finders' fee separately)		_	\$	205,000
	Other Expenses (Identify) Blue Sky filing fees, promotional fees and miscellaneous expenses			\$	20,000
	Total		··· 🗷	₹—	405,000

- 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." \$31,600,000
- Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. 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 adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

	Payments to Officers, Directors, & Affiliates			Payments To Others			
Salaries and fees	\$	0	-	\$	0		
Purchase of real estate (Acquisition of eight building portfolio)	\$	0	_	\$	00		
Purchase, rental or leasing and installation of machinery and equipment	\$	00	_	\$	0		
Construction or leasing of plant buildings and facilities	\$	0	_	\$	0		
Acquisition of other business (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) Repayment of indebtedness	\$ \$	00	- -	\$ \$	0		
Working capital	\$	0	-	\$	0		
Other (specify): Investments and related expenses	\$	0	<u>.</u> D. 5.	\$	31,600,000		
					. :		
	\$			\$			
Column Totals	\$	0	<u>.</u>	\$	31,600,000		
Total Payments Listed (column totals added)	\$ 31,600,000						

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.

Date Issuer (Print or Type) Two Entities: Signature J.P. MORGAN EUROPEAN POOLED CORPORATE April /0, 2003 FINANCE PRIVATE INVESTORS II LLC and J.P. MORGAN EUROPEAN DIRECT CORPORATE FINANCE PRIVATE INVESTORS II LLC Name of Signer (Print or Type) Title of Signer (Print or Type) Managing Director and Vice President Julian Shles, in his capacity as a Managing Director of

JPMorgan Chase Bank and a Vice President of DVCMM LLC

ATTENTION

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