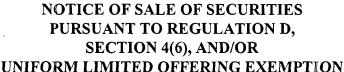
FORM D

03058680

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



OMB	APPROVAL	
CIVID	WILKO A WE	

OMB Number:

Prefix

3235-0076 May 31, 2002

Serial

Expires:

Estimated average burden

Hours per response...... 16.00

SEC USE ONLY

DATE RECEIVED
Name of Offering (check if this is an amendment and name has changed, and indicate change.)
Oak Hill CCF Partners, L.P.
Filing Under (Check box(es) that apply):
/ SY DECEMBER 1940
A. DASIC IDENTIFICATION DATA (CV) 1000
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Oak Hill CCF Partners, L.P.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Agree Code)
c/o Oak Hill Platinum Partners, L.L.C., 1100 King Street, Building Four, Rye Brook, NY 914-690-2100
10573
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business
Private investment partnership.
Type of Business Organization PROCESSEU
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
business trust limited partnership, to be formed MAY 1.5. 2003
Month Year
Actual or Estimated Date of Incorporation or Organization: 03 01 Nactual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) DE

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 Avenue, 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.

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.

SEC 1972 (2/99)

		A. BASIC ID	ENTIFICATION DATA		
2. Enter the information requ	ested for the fo	llowing:			
 Each promoter of the 	e issuer, if the i	ssuer has been organized w	ithin the past five years;		
 Each beneficial own issuer; 	er having the p	ower to vote or dispose, or	direct the vote or disposition	of, 10% or more o	f a class of equity securities of the
Each executive offic	er and director	of corporate issuers and of	corporate general and manag	ing partners of part	tnership issuers; and
		of partnership issuers.			•
	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if Oak Hill Platinum Partners, L.					
Business or Residence Address 1100 King Street, Rye Brook,		ber 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 if FW/P Fixed Income Investors					
Business or Residence Address 201 Main Street, Suite 3100, F	•	ber and Street, City, State, as 76102	Zip Code)		
Check Box(es) that Apply: [Promoter	Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if i Scholes, Myron	individual)				
Business or Residence Address c/o Oak Hill Platinum Partners	,	ber and Street, City, State, King Street, Rye Brook, N	•		
Check Box(es) that Apply: [Promoter	Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Huang, Chi-fu	individual)				
Business or Residence Address C/o Oak Hill Platinum Partner	•	ber and Street, City, State, King Street, Rye Brook, N			
Check Box(es) that Apply: [Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if i Hindy, Ayman	individual)				
Business or Residence Address c/o Oak Hill Platinum Partners	•	ber and Street, City, State, King Street, Rye Brook, N	•		
Check Box(es) that Apply: [Promoter	Beneficial Owner	☑ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if i Alexander, James N.	individual)				
Business or Residence Address c/o Oak Hill Platinum Partners		ber and Street, City, State, King Street, Rye Brook, N			

	A. BASIC ID	ENTIFICATION DATA		
2. Enter the information requested for the	following:			
 Each promoter of the issuer, if the 	issuer has been organized v	vithin the past five years;		
 Each beneficial owner having the issuer; 	power to vote or dispose, or	direct the vote or disposition	of, 10% or more o	of a class of equity securities of the
Each executive officer and director	r of corporate issuers and of	f corporate general and manag	ging partners of par	tnership issuers; and
Each general and managing partner	er 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) Crandall, J. Taylor				
Business or Residence Address (Nu c/o Oak Hill Platinum Partners, L.L.C., 110	mber and Street, City, State, 0 King Street, Rye Brook, N	•		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual) Wolfson, Mark A.				
Business or Residence Address (Nucc/o Oak Hill Platinum Partners, L.L.C., 110	mber and Street, City, State, O King Street, Rye Brook, N	•		
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 (Nu	mber 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 (Nu	mber and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Nur	nber 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 (Nur	mber and Street, City, State,	Zip Code)		
Check Box(es) that Apply:	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				

					D	INFORM	ATION AD	OUT OFFI	EDING					
					D.	INFORM	ATION AB	OUI OFFI	RING					
1.	Has th	e issuer so	ld, or does t	he issuer int	end to sell,	to non-accre	edited invest	ors in this o	ffering?		•••••	•••••	Yes	No ⊠
2.	What i	s the mini		nswer also ir ment that wi						••••			\$ N/A	
						·								_
3.	Does t	he offering	g permit Joir	nt ownership	of a single	unit?			•••••	••••••	••••••	•••••	Yes ⊠	No
4.	remun person	eration for or agent ove (5) pers	solicitation of a broker c	ted for each post of purchase or dealer registed are asso	rs in connect stered with	tion with sa the SEC and	les of securial/or with a st	ties in the of ate or states,	fering. If a po list the nam	erson to be l e of the brok	isted is an as ter or dealer.	sociated If more		
Ful	l Name	(Last nan	ne first, if in	dividual)										
Bus	siness o	r Residen	ce Address (Number and	l Street, City	y, State, Zip	Code)							
Nar	me of A	ssociated	Broker or D	ealer									•	
				as Solicited k individual									☐ All S	tate
[AL [IL] [M]]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO [PA])]
[RI]		[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full	l Name	(Last nam	ne first, if in	dividual)										
Bus	siness o	f Residenc	ce Address (Number and	Street, City	y, State, Zip	Code)				-			
Nan	ne of A	ssociated	Broker or D	ealer								<u> </u>		
Stat	tes in W			as Solicited or check inc									☐ All S	tate
[AL [IL] [M] [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])]
			e first, if inc											
Bus	siness o	f Residenc	e Address (Number and	Street, City	, State, Zip	Code)							
Nan	ne of A	ssociated	Broker or D	ealer								,		
Stat	tes in W			as Solicited or check inc									☐ All S	tate
[AL [IL] [M] [RI]] Γ}	[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

1.	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 \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	\$_N/A	\$_N/A
	Equity	\$ <u>7,000,000</u>	\$ 7,000,000
	⊠ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$ N/A	\$_N/A
	Partnership Interests	\$_N/A	\$_N/A
	Other (Specify)	\$_N/A	\$_N/A
	Total	\$ <u>7,000,000</u>	\$ 7,000,000
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	9	\$ <u>7,000,000</u>
	Non-accredited Investors	0_	\$ <u>0</u>
	Total (for filings under Rule 504 only)		\$
3.	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	N/A	\$ <u>N/A</u>
	Regulation A	<u>N/A</u>	\$ <u>N/A</u>
	Rule 504	N/A	\$N/A
	Total	N/A	\$ N/A
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		⊠ \$ <u>250</u>
	Printing and Engraving Costs		⊠ \$0
	Legal Fees		⊠ \$ <u>75</u>
	Accounting Fees		⊠ \$0
	Engineering Fees		⊠ \$0-
	Sales Commissions (specify finders' fees separately)		⊠ \$0
	Other Expenses (identify) travel and entertainment	,	⊠ \$ <u>200</u>
	Total		⊠ \$ <u>525</u>

b. Enter the difference between the aggregate offering price given in response to Part C -

	Question 1 and total expenses furnished in response is the "adjusted gross proceeds to the issuer."			\$ 6,999,475	
5.	Indicate below the amount of the adjusted gross prodused for each of the purposes shown. If the amount estimate and check the box to the left of the estimate equal the adjusted gross proceeds to the issuer set for above.	any purpose is not known, furnish an he total of the payments listed must			
			Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		S	. 🗆 \$	
	Purchase of real estate		□ s	S	
	Purchase, rental or leasing and installation of machin	and equipment	s	□ \$	
	Construction or leasing of plant buildings and facilit		□ \$	□ s	
	Acquisition of other businesses (including the value may be used in exchange for the assets or securities of	\$	\$		
	Repayment of indebtedness		S	□ \$	
	Working capital	□ \$	⊠ \$ <u>6,999,475</u>		
	Other (specify):				
			s	□ \$	
	Column Totals		\$	⊠ \$ <u>6,999,475</u>	
	Total Payments Listed (column totals added)		⊠ s_	6,999,475	
		FEDERAL SIGNATURE			
igna	ssuer has duly caused this notice to be signed by the un ture constitutes an undertaking by the issuer to furnish mation furnished by the issuer to any non-accredited in	e U.S. Securities and Exchange Comm	ission, upon written re		
	(Print or Type) Hill CCF Partners, L.P.	/1	Date May 7, 2003		
		er (Print or Type) d CEO of Oak Hill Platinum Partners,	L.L.C., the General Pa	rtner	

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