

SEC 1972 Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the (6-02) form displays a currently valid OMB control number.

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 state exemption unless such exemption is predicated on the filing of a federal notice.

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



OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response... 1

Page 1 of 7

SEC USE ONLY									
Pretix	Serial								
DATE	RECEIVED								
	,								

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)	חחחרנינים
Laurmount, L.P 20 Units of Limited Partnership Interests	PROCESSED
Filing Under (Check box(es) that [] Rule 504 [] Rule 505 [X Rule 506 [] Section 4(6) [] ULOE	MAY 16 2003
	THOMSON
Type of Filing: [X] New Filing [] Amendment	FINANCIAL
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	
Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.)	
Laurmount, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
270 Sylvan Avenue, Englewood Cliffs, NJ 07632 (201) 871-1055	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Coc (if different from Executive Offices) Same as Executive Offices	de)
Brief Description of Business	
Ownership of limited partnership interests in partnerships that will own t	<u>multi-family housi</u>
Type of Business Organization in New Je	ersey and New York
[] corporation [X] limited partnership, already formed [] other (please specify):	
[] business trust [] limited partnership, to be formed	
Month Year	
Actual or Estimated Date of Incorporation or Organization: [0]4] [0]3] K] Actual [] Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [N] [J]	
CENERAL INSTRUCTIONS	

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 mahually 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 in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

2. 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	[] Promoter [[] Executive	[] Director [X	General and/or			
Apply:		Owner	Officer		Managing Partner		•	
Full Name (Last name	e first, if individua)						
Laurmount R	ealty, L.L.	С.					J	
Business or Resident	e Address (Numb	er and Street	, City, State, Zip Co	de)				
270 Sylvan	Avenue, Eng	lewood C	liffs, NJ C	7632				
Check Box(es) that Apply:			(X) Executive Officer	[] Director [] General and/or Managing Partner			
Full Name (Last name Kurtz, Jeff)						
Business or Resident	e Address (Numb	er and Street	, City, State, Zip Co	de)				
270 Sylvan	Avenue, Eng	glewood (Cliffs, NJ (7632				
Check Box(es) that Apply:			[] Executive Officer	[] Director [] General and/or Managing Partner			
Full Name (Last name	e first, if individual)				· · · · · · · · · · · · · · · · · · ·		
					•			
Business or Residence	e Address (Numb	er and Street,	, City, State, Zip Coo	de)				
·								
Check Box(es) that Apply:	[] Promoter [Beneficial Owner	[] Executive Officer	[] Director [] General and/or Managing Partner			
Full Name (Last name	first, if individual)		W 3,				
		•						
Business or Residence	e Address (Numb	er and Street,	City, State, Zip Coo	de)				
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>	· · · · · · · · · · · · · · · · · · ·		
				41				
Business or Residence	e Address (Numb	er and Street,	, City, State, Zip Coo	de)			`	
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 Resider	ce Addre	ess (Num	ber and	Street, (City, Star	te, Zip C	ode)								=		
Check Bo	x(es) that	[] Pr	omoter [1 Benef	icial	() Ex	ecutive	r 1 r	Director [1 Gene	ral and/or			 -				
Apply:	×(03) inat	(1 , ,	01110101	Owne			icer	, 1,		Mana Partn	ging							
Full Name	(Last nan	ne first, if	individu	al)								·						
Business	or Resider	ce Addre	ess (Num	iber and	Street, 0	City, Sta	te, Zip C	ode)										
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			_			В. І	NFORM	ATION A	ABOUT C	FFERIN	1G							
1. Has the		ld, or doe	es the iss	suer inte	nd to sel	l, to non-	accredit	ed invest	tors in th	is Y	es No		·					
offering?	******	Ans	wer also	in Appe	ndix, Co	lumn 2, i	f filing u	nder ULC	DE.	į								
2. What is	the minin	ium inve	stment th	at will b	e accept	ed from	any indiv	vidual?		· · · ·	31,875	٠.						
3. Does th	e offering	permit jo	int owne	rship of	a single	unit?	••••••	•••••	•••••	()	es No X][]							
4. Enter the directly or	ne informa indirectly.	tion requi	ested for imission	each pe	erson wh	o has be eration for	en or wi	II be paid ation of p	l or given ourchase	ı, rs in								
connection person or	n with sale	s of secu	urities in	the offer	ing. If a	person to	be liste	d is an a	ssociate	d							•	
the name persons of	of the brol	cer or dea	aler. If m	ore than	five (5)	persons	to be list	ted are a	ssociated	j É								
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Full Name		•		-										_				,
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Name of A	ssociated	Broker o	r Dealer													==		
	a Bluh																	
States in V (Check "/								asers	ſ] All S	tates							
[AL] [Á		[AR]	[X23]	[CO]	(KX)	[DE]	[DC]	[KL]	[GA]	[HI]	[ID]							
[IL] [IN] [N	N] [IA] IE] [NV]	(KS) (NH)	[KY] [N#]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[K il] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]							
(RI) [S			[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]							•
Full Name	(Last nam	e first, if	individua	al)										-		*		-
Business s	e Davidas	oo Addro	on /Num	Lac and	Cheant (Situ. Ctat	a Zia C	oda)									· 	
Business o	n Residen	ce Addre	ess (Num	iber and	Street, t	Jily, Stat	e, zip Ci	odej										
Name of A	ssociated	Broker o	r Dealer											-				
														·—·—	a,			
States in W (Check "A								asers	ſ] All S	tates	•						
[AL] [A		[AR]	[CA]	[CO]	(CT)	[DE]	 [DC]	(FL)	[GA]	[HI]	(ID)							
[IL] [IN		[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]							
[MT] [N [RI] [S			[XT]	[MM] [TU]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]				,			
Full Name	·			al)														
																	,	
Business o	r Residen	ce Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip C	ode)										
Name of A	ssociated	Broker o	r Dealer			****	· · · · · · · · · · · · · · · · · · ·				· · · · · · · · · · · · · · · · · · ·			*************************************	· · · · · · · · · · · · · · · · · · ·			
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[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]	
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	Total (fo	r filings	under R	ule 504	only)	•••••					- 		
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inform offering sale of	ation req gs of the	uested types in	for all se ndicated	ecurities I, the twi	sold by elve (12)	the issu months	enter the er, to da s prior to type list	te, in	-				
	ype of oi ule 505					.,,,,,,,,,,,,,			Туре о	f Security	Dollar Sold _\$	Amount	
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- Ques	tion 1 an	id total e	expense	s furnisi	ned in re	sponse	price giv to Part 0 r."	en in rest C - Questi 	oonse to on 4.a.	Part C This	\$ <mark>4.9</mark>	<u>87,0</u> 00	

5. 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.

Salaries and fees Purchase of real estate Purchase, rental or leasing and installation of machinery and equipment Construction or leasing of plant buildings and facilities....... 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) Repayment of indebtedness Working capital Other (specify): Purchase of limited partnershp interests (net of expense reimbursement from partnerships) Column Totals Total Payments Listed (column totals added)

Payments to Officers, Directors, & Affiliates [] \$	Payments To Others []
[] \$	[]
[] \$	[] \$
[] \$	[] \$
[]	[] \$
[] \$	[] \$
[] \$	[]
[] \$	\$4,987,000
[] \$	[] \$
[] \$0	[] \$4,987,500
1184	987 50Ó

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)	Signature	
Laurmount, L.P.	5/12/0	5
Name of Signer (Print or Type)	Pitle of Signer (Print or Type)	
Jeff Kurtz	Managing Member of Laurmount Realty, L.L.C., General Partn	

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

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

Yes No

See Appendix, Column 5, for state response.

- 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.

Issuer (Print or Type)	Signature Date	
Laurmount, L.P.	5/12/13	
Name of Signer (Print or Type)	Title (Print or Type)	
Jeff Kurtz	Managing Member of Laurmon	unt
Jeli kuitz	Realty, L.L.C., General Pa	artner

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.

						APPE	NDIX		
1	Intend to non-ac investors (Part B-	to sell credited in State	3 * Type of security and aggregate offering price offered in state (Part C-Item 1)	ar	Type of nount pu (Part	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	** Amount	Number of Non-Accredited Investors	** Amount	Yes	No
AL									
AK					<u> </u>				
AZ		$\overline{}$	i						
AR									
CA			573,750	5	2.25	0	0		X
CO									
СТ			95,625		.375	0	0		X
DE									
DC									
FL			1,625,625	10	6.375	0	0		X
GA		<u> </u>							
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IL		ļ				<u> </u>			
IN IA									
KS		 			ļ				
KY		 	<u> </u>						
LA		 							
ME		 			-				
MD		 	 						
MA		 							
MI	·		223,125	3	.875	0	0		X
MN					.0,5				
MS						·			\vdash
МО					 				
MT									\vdash
NE									
NV									
NH					[·				
NJ			2,295,000	17	9.0	0	0		X
NM									
NY			191,250	2	.75				
NC									X

^{*}The only type of securities offered is Units of limited partnership interests
** Units of limited partnership interest

ND						
ОН						
OK						
OR		1.				
PA				1		
RI			Ì			
SC						
SD						
TN						
TX						
UT						
VT						
VA						
WA						
WV						
WI						
WY						
PR						

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002