# FORM D



03059487

**UNITED STATES** URITIES 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

SEC USE ONLY					
Prefix	Serial				
DATE RECEIVED					

Name of Offering ( check if this is an amend Park Avenue Capital LLC Membership Inter	dment and name has changed, and indicate change)	
Filing Under (Check box(es) that apply): Filing: New Filing Amendment	Rule 504 Rule 505 ⊠ Rule	506 Section 4(6) ULOEType of
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	uer	
	lment and name has changed, and indicate change:	
Park Avenue Capital LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code) 5 Compton Way Bridgewater, NJ 08807	Telephone Number (Including Area Code) (908) 625-8208
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business	<del>"</del>	
Providing internet domain name registration	services to medical practitioners	-222-00-c
Type of Business Organization		<b>LKOCTOGE</b>
corporation	limited partnership, already formed	□ other (please specify): limited liability company   AUG 1 2 2003
business trust	☐ limited partnership, to be formed	THOMSON
Actual or Estimated Date of Incorporation or Or  Jurisdiction of Incorporation or Organization: (I CN for Canada; FN for other foreign jurisdiction	Enter two-letter U.S. Postal Service abbreviation for	Actual Estimated

### 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.

2. Enter the information r	equested for the fol	lowing:			
<ul> <li>Each promoter of t</li> </ul>	he issuer, if the issuer	er has been organized within	the past five years;		
<ul> <li>Each beneficial ow issuer;</li> </ul>	mer having the pov	ver to vote or dispose, or direct	et the vote or disposition of, 10	0% or more of a class	s of equity securities of the
Each executive off	icer and director of	corporate issuers and of corp	orate general and managing p	artners of partnership	issuers; and
Each general and n	nanaging partner 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).				
Business or Residence Address	ss (Number and Stree	i, 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	ss (Number and Stree	, 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	ss (Number and Stree	, 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 Addres	ss (Number 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 Addres	ss (Number 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 Addres	ss (Number 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 Addres	ss (Number and Street	, City, State, Zip Code)		4 30 40 11	······································

A. BASIC IDENTIFICATION DATA

	B. INFORMATION ABOUT OFFERING	
1.		Yes No
	Answer also in Appendix, Column 2, if filing under ULOE.	
2.	is the minimum investment that will be accepted from any individual?	
3.	the offering permit joint ownership of a single unit?	Yes No
4.	the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar	
٦.	neration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated	
	on or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or	
	r only.	
Full Na	ast name first, if individual)	
Busines	esidence Address (Number and Street, City, State, Zip Code)	
Dusine	estable Hadress (Hamber and Street, Only, Saide, 21p Code)	
Name	ciated Broker or Dealer	
Name C	Clated Bloker of Dealer	
States i	ch Person Listed Has Solicited or Intends to Solicit Purchasers	
States I	ck "All States" or check individual States)	☐ All
	· · · · · · · · · · · · · · · · · · ·	States
[ AL	[AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ ID ]
[ IL	[IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ MO ]
MT	[NE] [NV] [NH] [NJ] [NM] [NÝ] [NC] [ND] [OH] [OK] [OR]	[ PA ]
[ RI	[SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[ PR ]
	ast name first, if individual)	[ 1 ]
Rusines	esidence Address (Number and Street, City, State, Zip Code)	
Dusines	islance Address (Number and Succe, City, State, Zip Code)	
Name o	ciated Broker or Dealer	
Name o	clated blokel of beard	
States in	ch Person Listed Has Solicited or Intends to Solicit Purchasers	
	ck "All States" or check individual States)	☐ All
		States
[ AL	[AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ ID ]
[ IL	[IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ MO ]
[ MT	[NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[ PA ]
[ RI	[SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY]	[ PR ]
Full Na	st name first, if individual)	
Busines	esidence Address (Number and Street, City, State, Zip Code)	
Name o	ciated Broker or Dealer	
States in	ch Person Listed Has Solicited or Intends to Solicit Purchasers	
	k "All States" or check individual States)	☐ All
		States
[ AL	AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI]	[ ID ]
[ IL	[IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS]	[ MO ]
[ MT	NE.] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR]	[ PA ]
[ RI	SC ] [SD ] [TN ] [TX ] [UT ] [VT ] [VA ] [WA ] [WV ] [WI ] [WY ]	[ PR ]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

	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 number already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this 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	\$0	<u>\$ 0</u>
	Equity	<u>\$ 0</u>	\$0
	☐ Common ☐ Preferred		
	Convertible Securities (Including warrants)	\$ <u> </u>	\$0
	Partnership Interests	\$ <u> </u>	\$0
	Other (Specify - Membership Intereststs)	\$ <u>4,313,414</u>	\$ <u>4,313,414</u>
	Total	\$ <u>4,313,414</u>	\$ <u>4,313,414</u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
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	11	\$4,313,414
•	Non-accredited Investors	0	\$0
•	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		<del> </del>
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.	Security	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
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		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$ 30,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	M	\$ 30,000

		o Part C - Question 4.a. This difference is the "adjus		83,414		
5.	for each of the purposes shown. If the amand check the box to the left of the estimated	pross proceeds to the issuer used or proposed to be upount for any purpose is not known, furnish an estimate. The total of the payments listed must equal the in response to Part C - Question 4.b above.	ate			
				ts to Officers, s & Affiliates	Рауг	ments To Others
	Salaries and fees					\$
	Purchase of real estate					\$
	Purchase, rental or leasing and install	ation of machinery and equipment				\$
	Construction or leasing of plant build	lings and facilities				\$
	that may be used in exchange for t	luding the value of securities involved in this offer he assets or securities of another issuer pursuant to	o a $\square$			\$
	Repayment of indebtedness					\$
	Working capital				$\boxtimes$	\$ <u>4,283,414</u>
	Other (specify):			1		
						c
						\$ <u></u>
		nn totals added)			⊠	\$ <u></u> \$ <u>4,283,414</u>
	Total Payments Listed (colum	in totals added)	*******			\$ <u>4,203,414</u>
		D. FEDERAL SIGNATURE				
und		he undersigned duly authorized person. If this notice is file ies and Exchange Commission, upon written request of its 502.				
	er (Print or Type) rk Avenue Capital LLC		Date August 6, 20	03	<del></del>	
	me of Signer (Print or Type)	Title of Signer (Print or Type)		*		
Sc	ott A. Finlay	Manager				
					•	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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

_		E. STATE SIGNA	ATURE		
1.	Is any party described in 17 CFR 26	2 presently subject to any of the c	lisqualification provisions of such rule?	Yes	No ⊠
		See Appendix, Column 5, fo	or state response.		
2.	The undersigned issuer hereby und Form D (17 CFR 239.500) at such t		ninistrator of any state in which this notice	is filed,	a notice on
3.	The undersigned issuer hereby und issuer to offerees.	ertakes to furnish to the state adm	ninistrators, upon written request, information	on furnis	hed by the
4.		(i) of the state in which this notice	conditions that must be satisfied to be enti- is filed and understands that the issuer clain have been satisfied.		
	issuer has read this notification and ersigned duly authorized person.	knows the contents to be true an	d has duly caused this notice to be signed	on its be	half by the
Issuer (Print or Type)		Signature	Date		<del></del>
Name of Signer (Print or Type)		Title of Signer (Print or Ty	pe)	,	

#### 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.