

SEC 1972 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 (6-02)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 federANS 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 I

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

AUG 1 2 2003

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)

American Residential Equities XXVI, LLC

Filing Under (Check box(es) that apply):

Type of Filing: [ ] New Filing 

# A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer ([ ] check if this is an amendment and name has changed, and indiciate change.)

American Residential Equities XXVI, LLC

Address of Executive Offices (Including Area Code)

(Number and Street, City, State, Zip Code)

Telephone Number

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** 

http://www.sec.gov/divisions/cornfin/forms/formd htm

Type of Business Organization	
[ ] corporation	[ ] limited partnership, already formed [ ] other (please specify):
[ ] business trust	[ ] limited partnership, to be formed
	Month Year
Actual or Estimated Date of Inco	orporation or Organization: [ ] ] [ ] Actual [ ] Estimated
Jurisdiction of Incorporation or C	Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
	CN for Canada; FN for other foreign jurisdiction) [ ] [ ]

#### **GENERAL INSTRUCTIONS**

Type of Business Organization

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Residentian C 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 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 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

Check Box(es) that Apply: Full Name (Last name	[ ] Promoter [ ] Beneficial Owner	[ ] Executive Officer	[ ] Director [ ]	General and/or Managing Partner				
Tull Name (Last name	mst, ii iidividaaly							
Business or Residence	e Address (Number and Street, C	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	e Address (Number and Street, C	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)		· . ·					
Full Name (Last name	ilist, ii iiidividuai)		*					
Business or Residence	e Address (Number and Street, C	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)							
ruii Name (Last name	inst, ii maividuai)							
Business or Residence Address (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 Address (Number and Street, City, State, Zip Code)								
Check Box(es) that	[ ] Promoter [ ] Beneficial	[ ] Executive	[ ] Director [ ]	General and/or				
1-44	1::.:	1_4		61810000				

• Each general and managing partner of partnership issuers.

Apply:					Owner	•	Off	icer			Manag Partne		
Full Na	me (La:	st name	first, if i	ndividua	ıí)								
Busine	ss or Re	esidenc	e Addre	ss (Num	ber and	Street, C	City, Stat	e, Zip Co	de)				
Check Apply:	Box(es	) that	[ ] Pro	omoter [	] Benefi Owner		[]Exe	ecutive cer	[][	irector [	] Gener Manag Partne	ging	d/or
Full Na	me (La	st name	first, if i	ndividua	ıl)								
Busine	ss or Re	esidence	e Addres	ss (Num	ber and	Street, C	City, Stat	e, Zip Co	de)				
	(	Jse bla	nk shee	et, or co	py and ι	ıse add	itional c	opies of	this she	et, as ne	ecessar	y.)	
				E	s. INFOR	MATIO	N ABOU	TOFFER	RING				
	the issu	ier sold.	, or does	s the iss	uer inten	d to sell	, to non∹	accredite	d investo	rs in this		s	No [ ]
0 157								filing und					
								iny individ	-		\$_ Ye	<u> </u>	No
3. Doe	s the of	ering po	ermit joi	nt owner	ship of a	single u	ınit?	•••••			[	]	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person 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 than 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 dealer only.													
Full Na	me (Las	t name	first, if i	ndividua	I)								
Busine	ss or Re	sidence	e Addres	s (Num	ber and \$	Street, C	ity, State	e, Zip Coo	de)				
Name o	of Assoc	iated B	roker or	Dealer									
					icited or			Purchas	ers	I	] All S	tates	S
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[M	
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[XT]	[MM] [TU]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[OK] [WI]	[OR] [WY]	[PA	

Full Name (Last name first, if individual	ual)
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Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

State	s in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purcha	sers			
(Ch	eck "All	States	" or ch	eck ind	lividual	States	)			[	] All S	tates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[AM]	[MI]	[MN]	[MS]	[OM]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States	in Whic	h Perso	n Listed	Has So	licited or	Intends	to Solici	t Purcha	sers	_		
(Check "All States" or check individual States)								[	] All S	tates		
[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]	[UN]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[AV]	[AW]	[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 amount 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	\$	\$
Equity	\$1,650,000	\$1,575,000
Common [ ] Preferred	, ,	, ,
Convertible Securities (including warrants)	\$	\$
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$1,650,000	\$1,575,000

httn://www.sec.gov/divisions/cornfin/forms/formd Line

# 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 Robert in 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."		
Accredited Investors Non-accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$\frac{1}{5} \frac{7}{5}, \frac{\infty}{5}
Total (for filings under Rule 504 only)		<b>\$</b> 
Answer also in Appendix, Column 4, if filing under ULOE.		
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, 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 Rule 505	Type of Security	Dollar Amount Sold \$
Higgstatione (		\$
Rule 504	<u> </u>	\$
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 s not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees	ī	]\$_N/A
Printing and Engraving Costs	<del>-</del>	\$ 10,000
Legal Fees		\$ 5,000
Accounting Fees	<b>.</b>	\$ 3,000
Engineering Fees		\$_N/A
Sales Commissions (specify finders' fees separately)		\$ 132,000
Other Expenses (identify)	····· ×	\$ 3,500
Total	·········· ×	\$ <u>153,500</u>
<ul> <li>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 difference is the "adjusted gross proceeds to the issuer."</li></ul>		<u>\$1,496500</u>
5. Indicate below the amount of the adjusted gross proceeds to the issuer proposed to be used for each of the purposes shown. If the amount for an ourpose is not known, furnish an estimate and check the box to the left of estimate. The total of the payments listed must equal the adjusted gross restimate.	y the	

11: 1 6 16 16 11.

to the issuer set forth in response to Part C - Question 4.b above.

	Directors, &	То
	Affiliates	Others
Salaries and fees	[] \$_ <b>N/A</b>	[] \$13 <b>a</b> ,000
Purchase of real estate	[] \$_N/A_	[] \$ N/A
Purchase, rental or leasing and installation of machinery and equipment	[] \$_N/A	[] \$_N/A_
Construction or leasing of plant buildings and facilities	[] \$ N/A	[] \$ N/A
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)	[] \$_N/A	[] \$_N/A
Repayment of indebtedness	[] \$_N/A_	[] \$ <u>N/A</u>
Working capital	[] \$ N/A	[] \$_N/A_
Other (specify): loan commitment fees, or ynation	[] \$ N/A	\$ 19 2'384 · 15 W
fees, initial set-up fees, servicing fees	[]	[]
Column Totals	[]	\$357_364.12
Total Payments Listed (column totals added)	X \$35	7,364.12

Payments to Officers,

**Payments** 

# 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 Acts 300, 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 Acts 300.

	10.	
Issuer (Print or Type)	Signature /////	Date
Issuer (Print or Type) American Residential Escuties XXVI, LLC		18/4/03
Name of Signer (Print or Type)	Title of Signer (Print or Type	)
Jeffrez L. Kirsch	President of M	Danaier
3		3

# ATTENTION

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

E. STATE SIGNATURE