FORM D

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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



DATE RECEIVED

Serial

Prefix

	UNIFORM LIMITED OFFERING E	XEMPTION		
Name of Offering (check if this is Leonidas Opportunity Fund, L.P.	an amendment and name has changed, and in	dicate change.)		
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule	506 Section 4(6) 🔲 ULOE	
Type of Filing:	Amendment			
	A. BASIC IDENTIFICATION	DATA		144
1. Enter the information requested about	ut the issuer			
Name of Issuer (check if this is	an amendment and name has changed, and in-	dicate change.)		
Leonidas Opportunity Fund, L.P.				
Address of Executive Offices 388 Market Street, Suite 700, San France	(Number and Street, City, State, cisco, CA 94111	Zip Code) Telepho 415-39	one number (Includi 1-5929	ng Area Code)
Address of Principal Business Operatio		Zip Code) Telepho	one nûmber (Includi	ng Area Code)
(if different from Executive Offices)				
Brief Description of Business private in	nvestment fund investing in public securities		RECEIVED	PROCESSE
Type of Business Organization		/S//	V.G.	APR 0 7 2005
corporation	☑ limited partnership, already formed	Other (plea	Phonometric 2005 se specify):	THOMSON
☐ business trust	☐ limited partnership, to be formed			FINANCIAL
Actual or Estimated Date of Incorporate	ion or Organization Month 0 5 0	Year ⊠ A	roal TEEstimat	
Jurisdiction of Incorporation or Organi	zation: (Enter two-letter U.S. Postal Service	abbreviation for State:	V/c I	A
	CN for Canada: FN for other foreign	iurisdiction)		

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 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.

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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 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. **Executive Officer** Director \boxtimes General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) SKIRITAI Capital, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 388 Market Street, Suite 700, San Francisco, CA 94111 ⊠ Beneficial Owner **Executive Officer** Director \boxtimes General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Silvestri, Russell, Reed Business or Residence Address (Number and Street, City, State, Zip Code) 388 Market Street, Suite 700, San Francisco, CA 94111 **Executive Officer** Director \boxtimes General and/or Check Box(es) that Apply: ☐ Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Bentovim, Lyron, Live Business or Residence Address (Number and Street, City, State, Zip Code) 388 Market Street, Suite 700, San Francisco, CA 94111 Check Box(es) that Apply: ☐ Promoter Beneficial Owner **Executive Officer** \boxtimes Director \boxtimes General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) **Executive Officer** Director Promoter Beneficial Owner General and/or Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) 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) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

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	Garage St.		e e e e e e e e e e e e e e e e e e e	B. IP	NEORMAT	ION ABO	UT OFFEI	RING	a Carlon	······································	1 17 1	
											Yes	No
1. Has th	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									\boxtimes		
			Answer als	so in Appen	dix, Colum	n 2, if filing	g under UL	OE.				
2. What	is the minim	num investn	nent that wi	ll be accept	ed from any	individual (?				\$ <u>500,0</u>	00
	است	۲,									Yes	No
3. Does t	he offering	permit join	t ownership	of a single	unit?				•••••		\square	
4. Enter	the informat	ion request	ed for each	person who	has been o	r will be pa	id or given,	directly or	indirectly, a	iny		
	ission or sin to be listed									offering. If a		
states,	list the nam	e of the bro	ker or deale	er. If more	than five (5) persons to	be listed a					
	or dealer, y			formation f	or that brok	er or dealer	only.					
Full Nam	e (Last nam	e first, if in	dividual)									
Business	or Residenc	e Address (Number an	d Street, Ci	ty, State, Zi	p Code)						
						······································						
Name of	Associated 1	Broker or D	Dealer									
												
	Which Perso											
•												ll States
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[MT]	[NE]	[NV]	[NH]	[NH]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	e (Last nam	e first, if in	dividual)									
- D - 1	D 11		21 1	1.64		O - 1-)						
Business	or Residenc	e Address (Number an	d Street, Cr	ty, State, Zi	p Code)						
Nome of	Associated 1	Droker or D	loolor				•			_	1.00	
Name of	Associated .	DIOKEI OI L	realei									
States in	Which Perso	on Listed H	as Solicited	or Intends	to Solicit P	urchasers						
										*****************	[T] A1	1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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[MT]	[NE]	[NV]	[NH]	[NH]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
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-	e (Last nam					. ,					. ,	
		,	,									
Business	or Residence	e Address (Number an	d Street, Ci	ty, State, Zi	p Code)				· · · · · · · · · · · · · · · · · · ·		
						•						
Name of	Associated 1	Broker or D	Dealer	··								
States in	Which Perso	on Listed H	as Solicited	or Intends	to Solicit P	urchasers						
(Check ".	All States" o	or check ind	lividual Stat	tes)							. 🔲 Al	ll States
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

* minimum subject to waiver by general partner

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 the answer is "none" or "zero." If the transaction is an exchange offering, check this box \square 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	<u> </u>	<u></u>
	☐ Common ☐ Preferred	·	· ———
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$100,000	\$ <u>31,957,493</u>
	Other (Specify)	\$	\$
	Total	\$100,000	\$ \$31,957,49 <u>3</u>
	Answer also in Appendix, Column 3, if filing under ULOE.	¥ <u>111,111</u>	\$ <u>\$2.132.11.52</u>
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		\$
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	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, 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	-	\$
	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.		· <u>——</u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees		\$
	Accounting Fees		<u> </u>
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total		\$
			-

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C .	OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES AN	D US	E OF PI	ROCEEDS		
and total expenses fur	nished in response to Part C	ering price given in response to Part C – Que – Question 4.a. This difference is the "adju	sted	1		\$ <u>\$</u>	31,957,493
each of the purposes s check the box to the le	shown. If the amount for any eft of the estimate. The total	roceeds to the issuer used or proposed to be purpose is not known, furnish an estimate a of the payments listed must equal the adjust Part C – Question 4.b. above.	and	or			
				Offi Direc	ents to icers, tors, & liates		Payments to Others
Salaries and fees		,		\$			\$
Purchase of real es	tate			\$			\$
Purchase, rental or	leasing and installation of n	nachinery and equipment		\$			\$
Construction or lea	asing of plant buildings and t	facilities		\$			\$
that may be used in	n exchange for the assets or s	value of securities involved in this offering securities of another issuer pursuant to a		\$			\$
Repayment of inde	ebtedness			\$			\$
Working capital				\$			\$
Other (specify): Se	curities			\$		\boxtimes	\$ <u>\$31,957,493</u>
				\$			\$
				\$			\$
Column Totals				\$			\$
Total Paymen	ts Listed (column totals add	ed)				957,4	<u>193</u>
		D. FEDERAL SIGNATURE					
following signature cons	titutes an undertaking by the	the undersigned duly authorized person. If issuer to furnish to the U.S. Securities and I y non-accredited in vestor pursuant to paragr	Exchar	nge Com	mission, upo		
Issuer (Print or Type) Leonidas Opportunity Fu	ınd, L.P.	Signature for			Date 3/21/05		
Name of Signer (Print or Russell Silvestri	Type)	Title of Signer (Print or Type) Managing Director of SKIRITAI Capital,	LLC, į	general	partner		

ATTENTION

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

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	E. STATE SIGNATURE		
	E-SIATE SIGNATURE	Yes	No
Is any party described in 17 CFR 230.262 present of such rule?	ntly subject to any of the disqualification provisions		⊠
,	See Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to fur (17 CFR 239.500) at such times as required by s	rnish to any state administrator of any state in which this notice is filed, a r state law.	notice on Forr	n D
3. The undersigned issuer hereby undertakes to fur offerees.	rnish to the state administrators, upon written request, information furnished	ed by the issu	er to
2 1	r is familiar with the conditions that must be satisfied to be entitled to the ch this notice is filed and understands that the issuer claiming the availabilitiese conditions have been satisfied.		ited
The issuer has read this notification and knows the undersigned duly authorized person.	contents to be true and has duly caused this notice to be signed on its beha	alf by the	
Issuer (Print or Type) Leonidas Opportunity Fund, L.P.	Signature Math Date 3/21/05		
Name of Signer (Print or Type) Russell Silvestri	Title of Signer (Print or Type) Managing Director of SKIRITAI Capital, LLC, general partner		

Instruction:

Print the name and title of signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually typed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Type of security and aggregate offering price offered in state (Part B-Item 1) 3 Type of security and aggregate offering price offered in state (Part C – Item 1)				Type of amount pu	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									
AZ									
AR									
CA									
со									
CT									
DE									
DC									
FL									
GA									
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APPENDIX

1	Intend to non-acc investors (Part B-	sell to sedited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		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
МТ									
NE							_		
NV									
NH									
NJ									
NM									
NY									
NC									
ND	·	-							
ОН	ļ	X	LP Interests \$250,000	1	250,000	0	0		X
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OR									
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