FORM D



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 AP | PROVAL | | | | |
|--------------------------|--------------|--|--|--|--|
| OMB Number: | 3235-0076 | | | | |
| Expires: | May 31, 2005 | | | | |
| Estimated average burden | | | | | |
| hours per respor | nse 16.00 | | | | |
| | | | | | |

| | SEC USE ONLY | | | | | | |
|--------|--------------|---------|--------|--|--|--|--|
| Prefix | | | Serial | | | | |
| | | | | | | | |
| | DATE | RECEIVE | D | | | | |
| | | | | | | | |
| | - 1 | | | | | | |

| Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offer and Sale of Additional Partnership Interests in Flipper Partners LLP, April 2005 |
|---|
| Filing Under (Check box(es) that apply): Rule 504 Rule 505 X Rule 506 Section 4(6) |
| Type of Filing: X New Filing Amendment |
| 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 indicate change.) |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) |
| 3 Barnabas Road, Marion, Massachusetts 02738 508-748-0800 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) |
| (if different from Executive Offices) |
| PROCERCED |
| Brief Description of Business |
| Investment in securities MAY 2 6 2005 |
| Type of Business Organization THOMSON |
| corporation limited partnership, already formed X Formal Subscripty: limited liability partnership |
| business trust limited partnership, to be formed |
| Actual or Estimated Date of Incorporation or Organization: Month Year 0 4 0 4 X 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) M A |
| |

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.

Persons who 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.

| Full Name (Last name first, if individual) Brian Garfield, Trustee of the Acme InterVivos Trust | | | | | | | | | |
|---|-----|--|--|--|--|--|--|--|--|
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |
| 8391 Beverly Blvd., PMB 296, Los Angeles, California 90048 | | | | | | | | | |
| Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Parts | | | | | | | | | |
| Full Name (Last name first, if individual) Charkes E. Bascom, Trustee of the Charles E. Bascom 1991 Trust | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 299, Marion, Massachusetts 02738 | | | | | | | | | |
| Check Box(es) that Apply: Promoter X Beneficial Owner Executive Officer Director General and/or Managing Parts | | | | | | | | | |
| 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 Parts | | | | | | | | | |
| 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 Parts | | | | | | | | | |
| 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 Parts | ner | | | | | | | | |
| 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 Managing Partr | ner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | |
| Business or Residence Address (Number and Street, City, State, Zip Code) | | | | | | | | | |

356817 3 of 9

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

| 1. | sold. Enter "0" if answer is "none" or "zero." | es included in this offering and the total amount already If the transaction is an exchange offering, check this box mounts of the securities offered for exchange and already | | | |
|----|--|---|---------------------------------------|-------------|--|
| | | | Aggregate | | Amount Already |
| | Ty | pe of Security | Offering Price | | Sold |
| | Debt | \$ | 0.00 | _ \$ _ | 0.00 |
| | • • • — | \$ | 0.00 | . \$. | 0.00 |
| | X Con | nmon Preferred | | | |
| | Convertible Securities (including warran | ts) | 0.00 | \$ | 0.00 |
| | Partnership Interests | \$ | 257,333.00 | . \$. | 257,333.00 |
| | Other (Specify |)\$ | 0.00 | _ S _ | 0.00 |
| | Total | \$ | 257,333.00.00 | \$_ | 257,333.00.00 |
| | Answer also in Append | ix, Column 3, if filing under ULOE. | | | |
| 2. | offering and the aggregate dollar amounts of t | credited investors who have purchased securities in this heir purchases. For offerings under Rule 504, indicate the ities and the aggregate dollar amount of their purchases on r "zero." | Number Investors | | Aggregate Dollar Amount of Purchases |
| | Accredited Investors | | 13 | \$ | 257,333.00.00 |
| | Non-accredited Investors | | 0 | - s | 0.00 |
| | | | | - | |
| | | ix, Column 4, if filing under ULOE | | | |
| 3. | If this filing is for an offering under Rule 50- | 4 or 505, enter the information requested for all securities types indicated, in the twelve (12) months prior to the first | | N/A | |
| | Type of offering | | Type of Security | -· • | Dollar Amount Sold |
| | | | · · · · · · · · · · · · · · · · · · · | . \$ _ | |
| | - | | | - \$ - | |
| | Rule 504 | | | - \$ - | |
| 4. | a. Furnish a statement of all expenses in | n connection with the issuance and distribution of the relating solely to organization expenses of the issuer. The | | - \$ - | |
| | | re contingencies. If the amount of an expenditure is not | _ | | - |
| | Transfer Agent's Fees | | | \$ | 0.00 |
| | Printing and Engraving Costs | | | \$ | 0.00 |
| | Legal Fees | | | x \$ | 2,500.00 |
| | Accounting Fees | | | \$ | 0.00 |
| | Engineering Fees | | | s | 0.00 |
| | Sales Commissions (specify finders' fees | separately) | [| <u> </u> | 0.00 |
| | Other Expenses (identify) Blue Sky f | iling fees | | X \$ | 1,500.00 |
| | Total | | | x \$ | 4,000.00 |
| | | | | | |

| | | The second secon |
|--|-----------|--|
| b. 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 4.a. This difference is the "adjusted gross proceeds to the issuer." | \$ _ | 253,333.00 |
| 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. | | |
| Payments to Officers, Directors & | | Payments To |
| Affiliates | – | Others |
| Salaries and fees \$ 0.00 \[\] | _ \$ | 0.00 |
| Purchase of real estate \$ 0.00 | ╣, | 0.00 |
| Purchase, rental or leasing and installation of machinery and equipment \$ 0.00 | _ ՝ Տ | 0.00 |
| Construction or leasing of plant buildings and facilities | \$ | 0.00 |
| 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) | \$ - | 0.00 |
| Repayment of indebtedness | \$ | 0.00 |
| Working capital | X \$ _ | 957.00 |
| One (specify) Investment in Securities | | |
| s <u>0.00</u> | s | 252,376.00 |
| | x s | 253,333.00 |
| Total Payments Listed (column totals added) | 333.00 | |
| D. FEDERAL SIGNATURE | | |
| 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 undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. | | |
| Issuer (Print or Type) Signifiance 11 Date | | |
| Flipper Partners LLP WWWWY WWW 5 | 5/4 | 105 |
| Name of Signer (Print or Type) Title of Signer (Print or Type) | , | |
| David A. Barrett Vice President of Issuer's Manament Agent | | |
| | | |
| | | |
| | | |
| | | |
| ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations, (See 18 U.S.C. 10 |)01.) | |

| | | E. STATE SIGNATURE | | | | | |
|-------------|---|---|--|--|--|--|--|
| 1. | • | No Yes No X | | | | | |
| | | See Appendix, Column 5, for state response. | | | | | |
| 2. | The undersigned issuer hereby undertakes to fu such times as required by state law. | rnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at | | | | | |
| 3. | The undersigned issuer hereby undertakes to fur | mish 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 pers | | contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized | | | | | |
| | er (Print or Type) oper Partners LLP | Signature Date 5/4/05 | | | | | |
| | ne of Signer (Print or Type) | Title of Signer (Print or Type) | | | | | |
| Day | vid A. Barrett | Vice President of Issuer's Management Agent | | | | | |

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.

7 of 9 356817

APPENDIX

| 1 | | 2 | 3 | | | 4 | | 5 | |
|-------|--------------------|---|--|----------------------|--|-----------------------------|---------------|--|-----|
| | Intend to non-a | d to sell accredited rs in State 3-Item 1) | Type of security and aggregate offering price offered in state (Part C-Item 1) | | Type of investor and amount purchased in State (Part C-Item 2) | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) | |
| | | | | Number of | | Number of | | | |
| State | Yes | No | Partnership Interests | Accredited Investors | Amount | Non-Accredited Investors | Amount | Yes | No |
| AL | 105 | 110 | THE COLO | I III CSCOIS | Timount | TAVESTOIS . | 7 Kill Galler | 163 | 110 |
| AK | | | | | | | | | |
| AZ | | | | | | | | | |
| AR | | | | | | | | | |
| CA | | X | \$95,358 | 2 | \$ | _ | | | X |
| СО | | | - | | | | | | |
| CT | | | | | | | | | |
| DE | | | | | | | | | |
| DC | | | | | | | | | |
| FL | | | | | | | | | |
| GA | | | | | | | | | |
| НІ | | | | | | | | | |
| ID | | | | | | | | | |
| IL | | | | | | | | | |
| IN | | | | | | | | | |
| IA | | | | | | | | | |
| KS | | | | | | | | | |
| KY | - | X | \$63,572 | 2 | \$63,572 | | - | _ X | |
| LA | | | - | i. | | | | | |
| ME | | | | | | | | | |
| MD | | | | | | | | | |
| MA | | X | \$98,401 | 4 | \$98,401 | | _ | | X |
| MI | | | | | | | | | |
| MN | | | | | | | | | |
| MS | | | | | | | | | |
| МО | | | | | | | | | |
| МТ | | | | | | | | | |
| NE | | | | | | | | | |
| NV | | | | | | | | | |
| NH | | | | | | | | | |
| NJ | | | | | | | | | |

364725

APPENDI

| | r | | T | | | | | 1 | |
|-------|----------------|-------------|------------------|----------------------|-----------------|--------------------------|---------------------------------------|------------------|----------|
| 1 | | 2 | 3 | | | 4 | | | 5 |
| | Intend to sell | | | | | | | Disqualification | |
| | 1 | accredited | Type of security | | | | | under State ULOE | |
| | į. | rs in State | and aggregate | | | | | (if yes, attach | |
| | (Part E | 3-Item 1) | offering price | | | investor and | | explanation of | |
| | | | offered in state | | | rchased in State | | | granted) |
| | l | I | (Part C-Item 1) | NI | (Part C-Item 2) | | | (Part E | -Item 1) |
| | | | Partnership | Number of Accredited | | Number of Non-Accredited | | | |
| State | Yes | No | Interests | Investors | Amount | Investors | Amount | Yes | No |
| NM | 1 | | | | | | | 1 100 | 1 |
| NY | | | | | - | | | | |
| NC | | | | | | | | | |
| ND | | | | | | | | | |
| ОН | | | | | | | | | |
| OK | | | | | | | | | |
| OR | | | | | | | | | |
| PA | | | | | | | | | |
| RI | | | | | | | · · · · · · · · · · · · · · · · · · · | | |
| SC | | | | | | | | | |
| SD | | | | | | | | | |
| · TN | | | | | | | | | |
| TX | | | | | | | | | |
| UT | | | | | | | | | |
| VT | | | | | | | | | |
| VA | | | | | | | | | |
| WA | | | | | | | | | |
| WV | | | | | | | | | |
| WI | | | , | | | | | | |
| WY | | | | | | | | | |
| PR | | | | | | | | | |

364725