1313739

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM DUN

1 2005



NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

DATE RECEIVED

Name of Offering (check if this is an amendment and name has changed, and in	dicate change.)	
SSI Tactical Alpha Hedge, L.P. (Formerly: SSI Enhanced Equity Inde	x, L.P.): Offering	of Limited Partnership Interests
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 5	506 Section 4(6)	☐ ULOE
Type of Filing: New Filing 🗶 Amendment		_
DAGG IDENTIFICA	FION DATE	
A. BASIC IDENTIFICA	HON DATA	
1. Enter the information requested about the issuer	<u> </u>	
Name of Issuer (check if this is an amendment and name has changed, and indic	ate change.)	
SSI Tactical Alpha Hedge, L.P. (Formerly: SSI Enhanced Equity Inde	ex, L.P.)	
Address of Executive Offices (Number and Street, City	, State, Zip Code)	Telephone Number (including Area Code)
357 North Canon Drive, Beverly Hills, California, 90210		(310) 275-5551
Address of Principal Business Operations (Number and Street, Cit (if different from Executive Offices)	y, State, Zip Code)	Telephone Number (Including Area Code)
Same as executive offices.		
Brief Description of Business		COECEN
Securities Investment		PROCESSED
Type of Business Organization corporation limited partnership, already formed	other (p	lease specify): JUN 0 5 2000 THOM: ON
business trust limited partnership, to be formed		THOM: SON
Actual or Estimated Date of Incorporation or Organization: Month Year Actual or Estimated Date of Incorporation or Organization: United two-letter U.S. Postal Service all		mated DFINANCIAL
CN for Canada; FN for other foreign	ı jurisdiction)	CA

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 predictated 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.

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BASIC IDENTIFICATION DATA 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 Apply: General and/or Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) SSI Investment Management Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 357 North Canon Drive, Beverly Hills, California 90210 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Gottfurcht, John D. Business or Residence Address (Number and Street, City, State, Zip Code) 357 North Canon Drive, Beverly Hills, California 90210 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Gottfurcht, Amy Jo Business or Residence Address (Number and Street, City, State, Zip Code) 357 North Canon Drive, Beverly Hills, California 90210 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Douglas, George M. Business or Residence Address (Number and Street, City, State, Zip Code) 357 North Canon Drive, Beverly Hills, California 90210 ☐ Beneficial Owner Check Box(es) that Apply: Executive Officer General and/or □ Promoter Director Managing Partner Full Name (Last name first, if individual) Mehdi, Syed Business or Residence Address (Number and Street, City, State, Zip Code) 357 North Canon Drive, Beverly Hills, California 90210 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) Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter Director 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)

				В	. INFORMA	ATION ABO	OUT OFFE	RING	***	- 4,		
I . Has the	issuer so	ld, or does	the issuer				d investors in 2, if filin		_		Yes	No X
2. What is	What is the minimum investment that will be accepted from any individual? * The General Partner may, in its discretion, accept less than the minimum investment.),000.00*			
			int owners								Yes	No □
4. Enter th commiss If a pers or states a broker	ne informa sion or sim on to be li , list the na r or dealer	ation requentiar remurentsted is an aname of the	ested for ea eration for essociated p broker or d set forth th	ch person solicitation erson or ag ealer. It m	who has b n of purcha gent of a br ore than fiv	een or wil sers in con oker or dea re (5) perso	l be paid o nection wit aler register ons to be lis	r given, di h sales of s ed with the ted are asso	rectly or in ecurities in SEC and/	ndirectly, the offeri or with a s	any ng. tate	
Full Name	(Last nam	e first, if in	idividual)									
Business o	r Residenc	e Address	(Number a	nd Street, (City, State,	Zip Code)						
Name of A	ssociated	Broker or	Dealer	· <u>-</u> .							· -	
States in W	Vhich Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Chec	k "All Stat	es" or chec	k individua	al States)							D A	All States
[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]
Full Name	(Last nam	e first, if in	dividual)									
Business o	r Residenc	ee Address	(Number a	and Street,	City, State	, Zip Code)					
Name of A	ssociated	Broker or	Dealer									
States in W	Vhich Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers				<u>-</u>	
(Chec	k "All Stat	es" or chec	k individua	il States)								All States
[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]	[MI]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last nam	e first. if in	dividual)							·		
Business o	r Residenc	e Address	(Number a	and Street,	City, State	, Zip Code)			<u></u>	· ,	
Name of A	ssociated	Broker or	Dealer									
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	ers					
(Chec	k "All Stat	es" or chec	k individua	ıl States)	***************************************							All States
[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]

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 alread sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check	y S	
this box and indicate in the columns below the amounts of the securities offered for exchange and		
already exchanged.	Aggregate	Amount Already
Type of Security	Offering Price	Sold
Debt	\$ 0.00	\$ 0.00
Equity		S 0.00
Common Preferred		
Convertible Securities (including warrants)	\$	S
Partnership Interests		\$ 0.00
Other (Specify)		S N/A
Total		\$ 0.00
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 thi	e	
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 "O" if answer is "none" or "zero."	s	
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	0	\$_0.00
Non-accredited Investors	0	\$_0.00
Total (for filings under Rule 504 only)	N/A	S_N/A
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.	5	
Type of Offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$ N/A
Regulation A	N/A	\$ N/A
Rule 504	N/A	S N/A
Total	N/A	\$ N/A
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		\$ 0.00
Printing and Engraving Costs		\$_0.00
Legal Fees.		\$_25,000.00
Accounting Fees	_	\$ 0.00
Engineering Fees	_	\$ 0.00
Sales Commissions (specify finders' fees separately)	<u>5</u>	\$ 0.00
Other Expenses (identify) Misc. operating costs	_	
Total		S 30,000.00

 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." 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. 		<u>5</u> 499,970,000.00
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	Payments to	
	•	
	Directors, & Affiliates	Payments to Others
Salaries and fees	× \$_0.00	\$ <u>0.00</u>
Purchase of real estate	x \$ 0.00	\$ 0.00
Purchase, rental or leasing and installation of machinery and equipment	S \$ 0.00	_ \$ 0.00
Construction or leasing of plant buildings and facilities	▼ \$ 0.00	_ \$ 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	_ \$ \$ 0.00
Repayment of indebtedness		∑ S 0.00
Working capital		\$ 499,970,000.00
	S 0.00	\$ 0.00
[S 0.00	∑ \$ 0.00
Column Totals	S 0.00	\$ 499,970,000.00
Total Payments Listed (column totals added)	∑ \$ 49	9,970,000.00
D. FEDERAL SIGNATURE		
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule	sion, upon writte	
	Date 5/26/c	S
SSI Tactical Alpha Hedge, L.P. Name of Signer (Print or Type) Title of Signer (Print or Type)	·	
	, , , ,	n 0-
Syed Mehdi Vice President of SSI Investment Management In	nc., the General	Partner of Issuer

- 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 pre provisions of such rule?	Yes No X							
	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 (I 7 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.								
	uer has read this notification and knows the content thorized person.	ats to be true and has duly caused this notice to	be signed on its behalf by the undersigned						
İssuer (I	Print or Type)	Signature	Date						
SSI Ta	actical Alpha Hedge, L.P.	And I. Fild	5/26/05						
Name (I	Print or Type)	Title (Print or Type)							

Vice President of SSI Investment Management Inc., the General Partner of Issuer

Instruction:

Syed Mehdi

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.

APPENDIX ı 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Limited Accredited Non-Accredited Partnership State Yes No Investors Amount Investors Amount Yes No Interests AL ΑK ΑZ AR\$500,000,000.00 X X CA \$0.00 CO CTDE DC FL GA НІ ID IL IN lΑ KS KY LA ME MD MA ΜI MN MS

APPENDIX Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of investors in State offered in state amount purchased in State waiver granted) (Part C-Item 2) (Part B-Item 1) (Part C-Item 1) (Part E-Item I) Number of Number of Limited Accredited Non-Accredited Partnership Investors No State Yes No Investors Amount Amount Yes Interests МО MTNE NV NH NJ NM \$500,000,000.00 X X NY 0 \$0.00 NC ND ОН OK OR PA RI SCSD TN TXUT VT VA WA wv WI

				APPI	ENDIX				
ı	Intend to non-a	2 to sell ccredited s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 Type of investor and amount purchased in State (Part C-Item 2)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR	- · · · · · · · · · · · · · · · · · · ·								

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