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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
UNIFORM LIMITED OFFERING EXEMPTION

1133346

i	<u>OMR APPROVAL</u>
	OMB Number: 3235-0076
	Expires: April 30, 2008
	Estimated average burden
	hours per response16.00

SEC USE	SEC USE ONLY Prefix Serial
Prefix	Serial
DATE RE	CEIVED

				The state of the s		
Address of Executive Offices (Number and Street, City, State, Zip Code) Valker House, Mary Street O. Box 908 GT George Town, Grand Cayman, B.W.I. Address of Principal Business Operations (Number and Street, City, State, Zip Code) If different from Executive Offices) Frief Description of Business To make and hold investments.						
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		303 E4 Raic 300 E 300	non +(o) B CLOL	Millian IIII IIII IIII IIII IIII IIII IIII I		
<u> </u>		A. BASIC IDENTIFIC	CATION DATA	05061476		
l. Enter the information reques	sted about the issuer			_		
		s changed, and indicate cl	nange.)			
Brookside Cayman, Limited			3.,			
Address of Executive Offices	(Number and Street, City, Sta	ate, Zip Code)	Telephone Numb	per (including Area Code)		
Walker House, Mary Street			(345) 945-3727			
P.O. Box 908 GT						
George Town, Grand Cayma	n, B.W.I.					
Address of Principal Business (Operations (Number and Street,	City, State, Zip Code)	Telephone Numb	per (including Area Code)		
(if different from Executive Of	fices)					
Brief Description of Business						
To make and hold investment	ts.					
Type of Business Organization				BOACECEL		
	🗖 limited partnership, alread	y formed		AKOPEDOFF		
			☐ other (please specify):			
☐ business trust	☐ limited partnership, to be:	formed		PROCESSED JUL 25 2005		
		Month Year		202 20 2		
Actual or Estimated Date of Inc	corporation or Organization:	0 7 9 7	☑ Actual ☐ Estimated	THOMISON 1/3		
Actual or Estimated Date of Incorporation or Organization: [0] 7] [9] 7] MACTUAL LI Estimated THOMSON FINANCIAL FINANCIAL						
•	CN for	Canada; FN for other for	reign jurisdiction) F N	<u> </u>		
CENERAL INCERTIONS						

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.

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.

A.	BASIC	IDENTIFIC	'AT	'ION	DAT	'Α

- 2. Enter the information requested for the following:
 - X Each promoter of the issuer, if the issuer has been organized within the past five years;
 - X 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;
 - X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - X Each general and managing 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)	· · · · · · · · · · · · · · · · · · ·			
Derrie Boggess					
Business or Residence Addre					
B.O. Box 908GT, Walker I					
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
David Egglishaw					
Business or Residence Addr					
P.O. Box 908GT, Walker I					
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
John Cullinane					
Business or Residence Addr					
P.O. Box 908GT, Walker I					
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addr	ess (Number an	d 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 Addr	ess (Number an	d 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)			<u>-</u>	
Business or Residence Addr	ess (Number an	d 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)				
D :	Ol. 1	A Characte City Charter 77	- C-10)		
Business or Residence Addr	ess (Number ar	id 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 Addr	ess (Number ar	nd Street, City, State, Zip	Code)		

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

					B. INFO	RMATIO	N ABOU	T OFFER	ING					
1. Has th	ne issuer sol	d, or does the	he issuer in	tend to sell,	to non-acc	redited inve	estors in thi	s offering?					Yes	No ⊠
				A	nswer also	in Append	ix, Column	2, if filing	under ULO	E.				
2. What is	the minimu	m investmei	nt that will 1	be accepted	from any i	ndividual?	Subject to r	nanagemen	t discretion		•••••	.,	\$5,000,000)
3. Does	the offering	permit join	t ownership	of a single	unit?		******************						Yes	No 🗷
remur persor	neration for n or agent o	solicitation f a broker o	of purchase r dealer reg	ers in conne istered with	ction with s the SEC as	sales of sec nd/or with a	urities in the a state or sta	e offering. ites, list the	If a person name of th	to be listed e broker or	nission or sim is an associa dealer. If me broker or de	ted ore than		
Full Name (I	ast name fi	rst, if indivi	dual)											
N/A														
Business or I	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Ass	ociated Bro	ker or Deal	ет											
States in Wh	ich Person 1	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check	"All States	" or check in	ndividual S	tates)							All States			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT] [RI]	[IN] [NE] [SC]	[IA] [NV] [SD]	[KS] [NH] [TN]	[KY] [NJ] [TX]	[LA] [NM] [UT]	[ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[MS] [OR] [WY]	[MO] [PA] [PR]		
Full Name (I						<u> </u>		1				10.55		
Business or I	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name of Ass	ociated Bro	ker or Deal	er								 			
States in Wh	ich Person I	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "All											All States			
[AL] [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]		
[RI] Full Name (I	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
			<u> </u>	0:	01 . 7: 0									
Business or I				treet, City,	State, Zip C	code)								
Name of Ass	ociated Bro	ker or Deal	er											
States in Wh	ich Person l	Listed Has S	Solicited or	Intends to S	Solicit Purc	hasers								
(Check "All	States" or c	heck individ	iuai 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]		

(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 \(\Pi\) 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	\$840,879,252	\$840,879,252
	⊠ Common □ Preferred		<u> </u>
	Convertible Securities (including warrants)	\$	S
	Partnership Interests	\$	\$
	Other (Specify)	\$	\$
	Total	\$840,879,252	\$840,879,252
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </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	87	\$840,879,252
	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.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fees	×	\$200,000
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	×	\$200,000
			

		D. FEDERAL SIGNATURE undersigned duly authorized person. If this notice is filed un es and Exchange Commission upon written request of its sta		
	Total Payments Listed (column totals added)		⊠ \$840,6	79,252
	Column Totals		⊠ \$2,892,296	⊠ \$736,281,95
	Other (specify): Make and hold investments		□ \$	⊠ \$735,558,88
	Working capital		□ \$	□\$
	Repayment of indebtedness		□ \$	□\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger)		□ \$	□ \$
	Construction or leasing of plant buildings and facili	ties	□ \$	□\$
	Purchase, rental or leasing and installation of machine	nery and equipment	□\$	□\$
	Purchase of real estate		□ \$	□\$
	Salaries and fees		Payments to Officers, Directors, & Affiliates S2,892,296	Payments To Others
5.	the purposes shown. If the amount for any purpose	ceeds to the issuer used or proposed to be used for each of is not known, furnish an estimate and check the box to the must equal the adjusted gross proceeds to the issuer set		
	expenses furnished in response to Part C - Question issuer."	4.a. This difference is the "adjusted gross proceeds to the		\$840,679,252

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

ATTENTION