## 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 APPROVAL									
OMB Number: 3235-0076									
Expires:	May 31, 2005								
Estimated average burden									
hours per response	16.00								

SE	C USE ONI	ΣY
Prefix		Serial
DA	TE RECEIV	ED
_		

Name of Offering ( check if this is an amendment and name has changed, and indicate c	
Windward V, L.P. Limited Partnership Interests	RECEIVED 1338745
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506	□\Rule 4(6) □ ULOE
Type of Filing: New Filing  Amendment	Z SEP 0 2 25
A. BASIC IDENTIFICATION DATA	Va. 3 2005
1. Enter the Information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate cha	nge.) (5 273 SECTION
Windward V, L.P.  Address of Executive Offices (Number and Street, City, State, Zip Code)	Talanham Markey (Faludina Area Cada)
•	Telephone Number (Including Area Code)
Two Concourse Parkway, Suite 155, Atlanta, GA 30328  Address of Principal Business Operations (Number and Street, City, State, Zip Code)	770-395-9091 Telephone Number (Including Area Code)
	, , , , , , , , , , , , , , , , , , , ,
(if different from Executive Offices) same  Brief Description of Business	same
Investment	
Time of Dusiness Organization	
Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐	other (please specify):
business trust limited partnership, to be formed	05065515
Month Year	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation	n for State:
CN for Canada; FN for other foreign jurisdict	<del></del>
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regu U.S.C. 77d(6).	alation D or Section 4(6), 17 CFR 230.501 et seq. or 15
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offe and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address a on which it is due, on the date it was mailed by United States registered or certified mail to that address and the same of	given below or, if received at that address after the date
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 no be photocopies of the manually signed copy or bear typed or printed signatures.	nanually signed. Any copies not manually signed must
Information Required: A new filing must contain all information requested. Amendments need changes thereto, the information requested in Part C, and any material changes from the information 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) ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with th to be, or have been made. If a state requires the payment of a fee as a precondition to the claim accompany this form. This notice shall be filed in the appropriate states in accordance with state law notice and must be completed.	e Securities Administrator in each state where sales are in for the exemption, a fee in the proper amount shall w. The Appendix to the notice constitutes a part of this
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the feder appropriate federal notice will not result in a loss of an available state exemption	

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.

filing of a federal notice.

#### 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 Each general and managing partner of partnership issuers. Beneficial Owner Check Box(es) that Apply: □ Promoter Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Prometheus V, LLC Business or Residence Address (Number and Street, City, State, Zip Code) Two Concourse Parkway, Suite 155, Atlanta, GA 30328 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Santa Barbara Cottage Hospital/Foundation Business or Residence Address (Number and Street, City, State, Zip Code) Pueblo Street at Bath Street, Santa Barbara, CA 93102-0689 ☐ Executive Officer Check Box(es) that Apply: Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Kavli, Fred Business or Residence Address (Number and Street, City, State, Zip Code) 1801 Solar Drive, Suite 250, Oxnard, CA 93030 Beneficial Owner Executive Officer Check Box(es) that Apply: Promoter Director General and/or (of General Partner) Managing Partner Full Name (Last name first, if individual) Peters, Nicholas Business or Residence Address (Number and Street, City, State, Zip Code) 10315 High Falls Circle, Alpharetta, GA 30022-8439 Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) American Trading and Production Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 10 East Baltimore Street, Suite 1600, Baltimore, MD 21202 Check Box(es) that Apply: Beneficial Owner ☐ Executive Officer ☐ Director General and/or ☐ Promoter Managing Partner Full Name (Last name first, if individual) Fiducie Globale des regimes de retraite de la Societe de Transport de Montreal Business or Residence Address (Number and Street, City, State, Zip Code) 800 de la Gauchetiere Street West, Suite 8900, Montreal (Quebec) H5A 1J6, Canada Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Hallador Alternative Assets Fund LLC Business or Residence Address (Number and Street, City, State, Zip Code) 555 Dale Drive, Incline Village, NV 89451 Beneficial Owner Director General and/or Check Box(es) that Apply: ☐ Promoter Executive Officer Managing Partner Full Name (Last name first, if individual) The Duke Endowment (Number and Street, City, State, Zip Code) Business or Residence Address 100 North Tryon Street, Suite 3500, Charlotte, NC 28202

	<del></del>			В.	INFORMA	TION ABO	OUT OFFE	ERING				
			<u></u>				1121				7	Yes No
1. Has	s the issuer so	ld, or does	the issuer in	tend to sell	, to non-acc	redited inve	stors in this	s offering?			[	
		1	Ans	wer also in	Appendix,	Column 2, i	f filing und	er ULOE.				
2. Wh	at is the mini	mum invest	ment that w	ill be accep	ted from an	y individua	1?			••••••	•••	\$ 5,000,000*
* May l	be decreased in	the discreti	ion of the Ge	neral Partn	er						,	Yes No
3. Do	es the offering	g permit joi	nt ownership	p of a single	e unit?						[	$\boxtimes$
or s list of t set	similar remuned is an associate broker or forth the info	eration for iated person dealer. If no rmation for	solicitation n or agent o nore than fi that broker	of purchase f a broker ove (5) perso	ers in conne or dealer reg ons to be lis	ection with	sales of sec the SEC a	urities in th nd/or with a	e offering. I state or sta	any commission If a person to ates, list the nar dealer, you m	be ne	
Full Na	ame (Last nai	me first, if i	ndividual)									
Busine	ss or Residen	ce Address	(Number	and Street	City, State	, Zip Code)	<u> </u>		<del></del>	<del></del>		
	venport Road,		·		•	, , ,						
	of Associated			102 Canada	·					<del>-</del>		
Crane (	Capital Associa	ates, Inc.										
States i	n Which Pers	son Listed F	las Solicited	or Intends	to Solicit P	urchasers						
(Che	ck "All State	s" or check	individual S	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]
	ame (Last na				1,51,							
		,	,									
Busine	ss or Residen	ce Address	(Number	and Street	, City, State	, Zip Code)		<u> </u>		*****		
	ndace Lane, Si			9085								
Name (	of Associated	Broker or I	Dealer									
	Capital Partn								·			
States	in Which Pers	son Listed F	las Solicited	d or Intends	to Solicit P	urchasers						
(Che	ck "All State	s" or check	individual S	States)								All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]		[OR] [WY]	[PA] [PR]
	ame (Last na					<u> </u>						
Draugh	an, Debra D.		_									
Busine	ss or Residen	ce Address	(Number	and Street	, City, State	, Zip Code)		-				
	ensley Drive, I											
Name	of Associated	Broker or I	Dealer									
	Management			1	4. C.V.'.	1		· · · · · · ·				
	in Which Personals "All State											
	eck "All State			·							 run	_
[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] [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 O	OF F	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 \( \square\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate ffering Price	:	Aı	nount Already Sold
	Debt	\$		)	\$	0
	Equity	\$	(	}		0
	☐ Common ☐ Preferred			-		
	Convertible Securities (including warrants)	\$		_	\$	
	Partnership Interests	\$	50,000,000	<u>)</u>	\$	42,100,000*
	Other (Specify)	\$	(	)	\$	0
			50,000,000	- }	\$	42,100,000*
	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 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 collar Amount of Purchases
	Accredited Investors		10*		\$	42,100,000*
	Non-accredited Investors		0	_	\$	0
						<del></del>
	Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing under ULOE.		n/a	-	\$	n/a
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		D	ollar Amount Sold
	Rule 505		n/a		\$	n/a
	Regulation A		n/a	_	\$	n/a
	Rule 504		n/a	_	\$	n/a
	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				\$	+
	Accounting Fees	·····			\$	+
	Engineering Fees		*********		\$	+
	Sales Commissions (specify finders' fees separately)	<b></b>			\$	+

Includes one investor from Canada with an investment of US\$5,000,000.00

+The issuer will bear up to \$600,000 in aggregate offering expenses

600,000+

600,000+

 $\boxtimes$ 

 $\boxtimes$ 

Other Expenses (identify)

	C. OFFERING PRI	ICE, NUMBER OF INVESTORS, EXPENSES A	ND	US	E OF PROCEI	EDS	_	
	and total expenses furnished in response to F	offering price given in response to Part C - Questi Part C - Question 4.a. This difference is the "adju	sted				\$_	49,400,000
5.	each of the purposes shown. If the amount:	ss proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate ne total of the payments listed must equal the adjuste to Part C - Question 4.b. above.	and					
					Payments to Officers, Directors, & Affiliates		F	ayments To Others
	Salaries and fees (management fees to GP of	issuer)	$\boxtimes$	\$	1,000,000		\$	
	Purchase of real estate			\$	0		\$	
	Purchase, rental or leasing and installation of	of machinery and equipment		\$	0		\$	
	Construction or leasing of plant buildings ar	nd facilities		\$	0		\$	
	Acquisition of other businesses (including offering that may be used in exchange for	the assets or securities of another issuer		•			Ġ.	
				\$			\$	
	• •			\$				
	Working capital (operating expenses of issuer	r paid by GP of issuer)	$\boxtimes$	\$	1,000,000		\$	
	Other (specify): Investments in smaller mi	ddle market recurring revenue service businesses		\$		$\boxtimes$	\$	47,400,000
				\$			\$	
			$\boxtimes$	\$	2,000,000	$\boxtimes$	\$	47,400,000
	Total Payments Listed (column totals added	i)			⊠ \$ <u>4</u> 9	,400	,000	<u></u>
		D. FEDERAL SIGNATURE		_				
sig	nature constitutes an undertaking by the issuer	d by the undersigned duly authorized person. If thi to furnish to the U.S. Securities and Exchange Corporedited investor pursuant to paragraph (b)(2) of Rules	nmis	sior				
	uer (Print or Type) INDWARD V, L.P.	Signature			Date August	<u>31,</u> 2	005	
Ni	cholas Peters	Title of Signer (Print or Type)  President and CEO of Prometheus V, LLC,  General Partner of Issuer						

-	TTE	- 4 17		
Δ	TTF	- 11	1 16 16	M

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 presently subject to any of the disqualification provisions of such rule?	ATTENTION			_				
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No	E. STATE SIGNATURE							
	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No					

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 (17 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.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) WINDWARD V, L.P.	Signature	Date August 31, 2005
, , , , , , , , , , , , , , , , , , ,		
Name (Print or Type)	Title (Print or Type)	
Nicholas Peters	President and CEO of Prometheus V, LLC,	
	General Partner of Issuer	

#### 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.

# APPENDIX

1	ı.	2	3			4		Disqual	5 ification ate ULOE
	to non-a investor	to sell ccredited s in State -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)				
State	Yes	No		Number of Accredited Investors	Amount (\$)	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA		/	LP Interests / \$50,000,000	3	\$14,500,000	0	0		1
СО									
СТ				- 1111					
DE									
DC									
FL							_		
GA		/	LP Interests / \$50,000,000	1	\$2,000,000	0	0		/
HI									
ID								,	
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD		/	LP Interests / \$50,000,000	3	\$6,600,000	0	0		/
MA									
MI									
MN									
MS									
МО									

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# APPENDIX

1			3			4		Disqual	ification
		ccredited s in State	Type of security and aggregate offering price offered in State (Part C-Item 1)		amount pur	investor and chased in State C-Item 2)		(if yes explant waiver	atte ULOE , attach ation of granted) Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT		_							
NE									
NV		1	LP Interests / \$50,000,000	1	\$5,000,000	0	0		/
NH									
NJ									
NM									
NY									
NC		/	LP Interests / \$50,000,000	1	\$9,000,000	0	0		/
ND									
ОН									
ОК									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT							,		
VT									
VA									
WA									
WV									
WI									
WY									
PR									