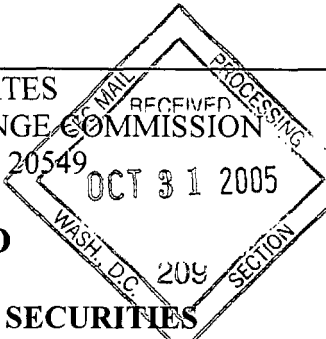


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FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, DC 20549



OMB APPROVAL
OMB Number: 3235-0076
Expires: November 30, 2005
Estimated Average burden hours per response 16.00



FORM D

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

SEC USE ONLY
Prefix Serial
DATE RECEIVED

Name of Offering (: check if this is an amendment and name has changed, and indicate change.)
Limited Partnership Interests

Filing Under (Check box(es) that apply): : Rule 504: Rule 505 Rule 506 : Section 4(6) : ULOE
Type of Filing: New Filing Amendment

A. BASIC IDENTIFICATION DATA

I. Enter the information requested about the issuer

Name of Issuer (: check if this is an amendment and name has changed, and indicate change.)
Guidance Balanced Long/Short Fund, L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
P.O. Box 111, 700 Rockland Road, Rockland, DE 19732 302-573-5087

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)

Brief Description of Business
Investment Fund

Type of Business Organization
: corporation limited partnership, already formed : other (please specify):
: business trust : limited partnership, to be formed

PROCESSED
NOV 07 2005
THOMSON FINANCIAL

Actual or Estimated Date of Incorporation or Organization: Month Year
1 0 0 1 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) D E

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.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Guidance Capital GP, LLC

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 111, 700 Rockland Road, Rockland, DE 19732

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Member of the General Partner

Full Name (Last name first, if individual)

Ziv, Brian C.

Business or Residence Address (Number and Street, City, State, Zip Code)

30 S. Wacker Drive, Suite 2306, Chicago, IL 60606

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Member of the General Partner

Full Name (Last name first, if individual)

Elliman, D. Trowbridge III

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 111, 700 Rockland Road, Rockland, DE 19732

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Member of the General Partner

Full Name (Last name first, if individual)

Rosoff, Jacob

Business or Residence Address (Number and Street, City, State, Zip Code)

30 S. Wacker Drive, Suite 2306, Chicago, IL 60606

A. BASIC IDENTIFICATION DATA- continued

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.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
 Member of the General Partner

Full Name (Last name first, if individual)

Walvoord, Christopher

Business or Residence Address (Number and Street, City, State, Zip Code)

30 S. Wacker Drive, Suite 2306, Chicago, IL 60606

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director : General and/or Managing Partner

Member of the General Partner

Full Name (Last name first, if individual)

Brick, Barry

Business or Residence Address (Number and Street, City, State, Zip Code)

P.O. Box 111, 700 Rockland Road, Rockland, DE 19732

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director : General and/or Managing Partner

Member of the General 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

Member of the General Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING

- | | | |
|---|-------------------------------------|-------------------------------------|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... | Yes | No |
| | : | <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual?..... | \$1,000,000* | |
| *Subject to waiver in the sole discretion of the General Partner. | | |
| 3. Does the offering permit joint ownership of a single unit? | Yes | No |
| | <input checked="" type="checkbox"/> | : |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....:All States

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....:All States

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

(Check "All States" or check individual States).....:All States

| | | | | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|------|------|------|------|
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

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

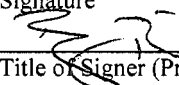
b. Enter the difference between the aggregate offering price given in response to Part C- Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$64,000,000

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, and Affiliates | Payments to Others |
|--|--|-----------------------|
| Salaries and fees..... | : \$ _____ | : \$ _____ |
| Purchase of real estate..... | : \$ _____ | : \$ _____ |
| Purchase, rental or leasing and installation of machinery and equipment..... | : \$ _____ | : \$ _____ |
| Construction or leasing of plant buildings and facilities..... | : \$ _____ | : \$ _____ |
| 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) | : \$ _____ | : \$ _____ |
| Repayment of indebtedness | : \$ _____ | : \$ _____ |
| Working capital..... | : \$ _____ | : \$ _____ |
| Other (specify): <u>Investment and reinvestment</u> | : \$ _____ | : <u>\$64,000,000</u> |
| _____ | : \$ _____ | : \$ _____ |
| _____ | : \$ _____ | : \$ _____ |
| Column Totals..... | : \$0 | : <u>\$64,000,000</u> |
| Total Payments Listed (column totals added) | : <u>\$64,000,000</u> | |

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 signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

| | | |
|--|--|---------------------------------|
| Issuer (Print or Type) Guidance Balanced Long/Short Fund, L.P. | Signature  | Date October 17, 2005 |
| Name of Signer (Print or Type) Barry Brick | Title of Signer (Print or Type) Member of the General Partner | |