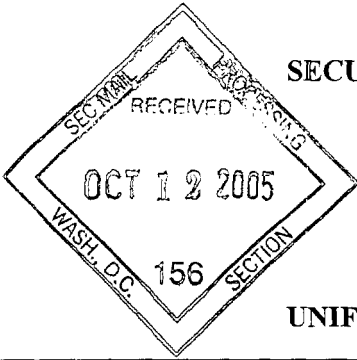


FORM D

1139696



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: April 30, 2008 Estimated average burden hours per response 16.00

SEC USE ONLY Prefix Serial



05068518

Name of Offering (PIMCO Private Series Company LLC) Filing Under (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 (PIMCO Private Series Company LLC) Address of Executive Offices (840 Newport Center Drive, Suite 100, Newport Beach, CA 92660) Telephone Number (949-720-6000) Address of Principal Business Operations (if different from Executive Offices) Telephone Number (including Area Code) Brief Description of Business (Private investment Fund) Type of Business Organization (other: Limited Liability Company) Actual or Estimated Date of Incorporation or Organization (03/01) Actual

PROCESSED OCT 17 2005

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. Information Required: A new filing must contain all information requested. 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.

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 exemption is predicated on the 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.

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

Full Name (Last name first, if individual)

Pacific Investment Management Company LLC

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

840 Newport Center Drive , Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Tammie J. Arnold

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

William Robert Benz, II

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

John B. Brynjolfsson

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Wendy W. Cupps

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Chris Pete Dialynas

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Mohamed Aly El-Erian

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

A. BASIC IDENTIFICATION DATA

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- 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)

William Hunt Gross

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Changhong Zhu

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Pasi Matti Hamalainen

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Brent Richard Harris

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Douglas M. Hodge

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Brent Lawrence Holden

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Margaret Ellen Isberg

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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- 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)

James M. Keller

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Raymond G. Kennedy

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

John Sebastian Loftus

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Sudesh N. Mariappa

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Scott A. Mather

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Paul A. McCulley

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Joseph McDevitt

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

A. BASIC IDENTIFICATION DATA

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- 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)

James Frederick Muzzy

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Mohan V. Phansalkar

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

William Charles Powers

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Ernest Lee Schmider

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

W. Scott Simon

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

William Samuel Thompson, Jr.

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

Full Name (Last name first, if individual)

Richard MacCoy Weil

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

840 Newport Center Drive, Suite 100, Newport Beach, CA 92660

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

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
 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***
* unless waived
3. Does the offering permit joint ownership of a single unit? Yes No
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)

Allianz Global Investors Distributors LLC

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

2187 Atlantic Street, Stamford, CT 06902

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

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 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	\$ <u>0</u>	\$ <u>0</u>
Equity	\$ <u>0</u>	\$ <u>0</u>
<input type="checkbox"/> Common <input type="checkbox"/> Preferred	\$ <u>0</u>	\$ <u>0</u>
Convertible Securities (including warrants).....	\$ <u>0</u>	\$ <u>0</u>
Partnership Interests.....	\$ <u>0</u>	\$ <u>0</u>
Other (Specify LLC Interests).....	\$ Unlimited	\$1,000,000
Total.....	\$ Unlimited	\$1,000,000

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 Dollar Amount of Purchases
Accredited Investors	\$ <u>1</u>	\$1,000,000
Non-accredited Investors	\$ <u>0</u>	\$ <u>0</u>
Total (for filings under Rule 504 only).....	\$ <u>0</u>	\$ <u>0</u>

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	<input type="checkbox"/>	\$ <u>0</u>
Printing and Engraving Costs	<input type="checkbox"/>	\$ <u>0</u>
Legal Fees.....	<input checked="" type="checkbox"/>	\$ <u>100,000</u>
Accounting Fees	<input checked="" type="checkbox"/>	\$ <u>25,000</u>
Engineering Fees	<input type="checkbox"/>	\$ <u>0</u>
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$ <u>0</u>
Other Expenses (identify)	<input checked="" type="checkbox"/>	\$ <u>25,000</u>
Total (for filings under Rule 504 only).....	<input type="checkbox"/>	\$ <u>0</u>

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."

\$ Unlimited

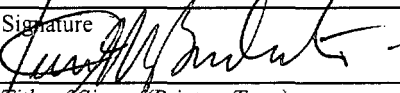
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

	Payments to Officers, Directors & Affiliates	Payments To Others
Salaries and Fees.....	<input type="checkbox"/> \$ <u> *</u>	<input type="checkbox"/> \$ <u> 0</u>
Purchase of real estate.....	<input type="checkbox"/> \$ <u> 0</u>	<input type="checkbox"/> \$ <u> 0</u>
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$ <u> 0</u>	<input type="checkbox"/> \$ <u> 0</u>
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ <u> 0</u>	<input type="checkbox"/> \$ <u> 0</u>
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).....	<input type="checkbox"/> \$ <u> 0</u>	<input type="checkbox"/> \$ <u> 0</u>
Repayment of indebtedness	<input type="checkbox"/> \$ <u> 0</u>	<input type="checkbox"/> \$ <u> 0</u>
Working capital	<input type="checkbox"/> \$ <u> 0</u>	<input type="checkbox"/> \$ <u> 0</u>
Other Expenses (identify) Payment of Organizational Expenses.....	<input type="checkbox"/> \$ <u> 0</u>	<input type="checkbox"/> \$ <u> 0</u>
Total Payments Listed (column totals added).....	<input type="checkbox"/> \$ <u> 0</u>	

*PIMCO Private Series Company LLC pays to the Investment Manager a fee equal to 0.35% annually of the issuer's net assets.

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) PIMCO Private Series Company LLC	Signature 	Date October 11, 2005
Name of Signer (Print or Type) Pacific Investment Management Company, LLC	Title of Signer (Print or Type) Managing Member	
Name of Signer (Print or Type) Kevin M. Broadwater	Title of Signer (Print or Type) Senior Vice President	

ATTENTION

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