### FORM D

Name of Offering

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

Washington, D.C. 20549

## FORM D



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

( check if this is an amendment and name has changed, and indicate change.)

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

SEC USE ONLY			
Prefix	Serial		
DATE RECEIVED			

132 6040

Novare Group Holdings, LLC \$20,000,000 Subordinated Notes Due September 30, 2008					
Filing Under (Check box(es) that ap  Type of Filing:  New Filing	oply): Rule 504 Rule 505  Amendment	Rule 506  □ Section 4(6) □ ULOE			
	A. BASIC IDENTIFICATION D	DATA			
1. Enter the information requested ab	pout the issuer				
Name of Issuer	( check if this is an amendment ar	nd name has changed, and indicate change.)			
Novare Group Holdings, LLC	·				
Address of Executive Offices	(Number and Street, City, State, Zip Code	Telephone Number (Including Area Code)			
817 W. Peachtree Street, Suite 601	L. Atlanta, Georgia 30308	(404) 815-1234			
Address of Principal Business Opera	tions (Number and Street, City, State, Zip Code	Telephone Number (Including Area Code RECEIVED			
(if different from Executive Offices)		le l			
Brief Description of Business		${} < ct14.2005$			
•	residential condominium communities.	higo (S			
Type of Business Organization	residential condominant communicies.	185/8			
Corporation	☐ limited partnership, already formed	other (please specify):			
	— mmica parmeromp, anotady formed	Limited Liability Company			
business trust	limited partnership, to be formed				
	Month Ye	ear V PRUCESSEU			
Actual or Estimated Date of Incorporation or Organization:           0       4       0       4          \bigsup Actual \bigsup Estimate 0					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:					
CN for Canada; FN for other foreign jurisdiction)  G A THOMSON					
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 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 in 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 lost 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	NTIFICATION DATA			
2. Enter the information requested for the fo	•	1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>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</li> </ul>					
securities of the issuer;	ower to vote of dispose	e, or direct the vote or d	isposition oi, i	10% of more of a class of equity	
Each executive officer and director	r of corporate issuers an	d of corporate general a	ınd managing j	partners of partnership issuers; and	
Each general and managing partner	r of partnership issuers.				
	■ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)					
Borders, James R.					
Business or Residence Address (Number and	d Street, City, State, Zip	Code)			
817 W. Peachtree Street, Suite 601, Atlant	ta, Georgia 30308				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)					
Long, John W.					
Business or Residence Address (Number and	d Street, City, State, Zip	Code)			
817 W. Peachtree Street, Suite 601, Atlant	ta, Georgia 30308				
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)					
Everly, Michael T.					
Business or Residence Address (Number and	d Street, City, State, Zip	Code)			
817 W. Peachtree Street, Suite 601, Atlant					
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)					
Bobilin, Judd L.					
Business or Residence Address (Number and	d Street, City, State, Zip	Code)			
817 W. Peachtree Street, Suite 601, Atlan		···			
	☐ Beneficial Owner	■ Executive Officer	☐ Director	☐ General and/or Managing Partner	
Full Name (Last name first, if individual)					
Alford, Joseph Tucker					
Business or Residence Address (Number and	d Street, City, State, Zip	Code)			
817 W. Peachtree Street, Suite 601, Atlan					
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 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)				· · · · <del>- · · · · · · · · · · · · · </del>	
Business or Residence Address (Number an	d Street, City, State, Zip	Code)			
		1.1141	about as		
(Use blank sh	eet, or copy and use ac	iuitionai copies of this	sneet, as nece	еззагу.)	

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 X		
Answer also in Appendix, Column 2, if filing under ULOE.				
2. What is the minimum investment that will be accepted from any individual?\$	100,000.00			
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)				
Business or Residence Address (Number and Street, City, State, Zip Code)				
303 Peachtree Street, Atlanta, Georgia 30308				
Name of Associated Broker or Dealer				
SunTrust Capital Markets, Inc.				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers				
(Check "All States" or check individual States)	tes			
[ AL ] [ AK ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ DC ] [ FL ] [ GA ] [ IL ] [ IN ] [ IA ] [ KS ] [ KY ] [ LA ] [ ME ] [ MD ] [ MA ] [ MI ] [ MN [ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [ NY ] [ NC ] [ ND ] [ OH ] [ OK [ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ VT ] [ VA ] [ WA ] [ WV ] [ WI	[ HI ] [ MS ] [ OR ]	[ ID ] [ MO ] [ PA ] [ 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)	es			
[ AL ] [ AK ] [ AZ ] [ AR ] [ CA ] [ CO ] [ CT ] [ DE ] [ DC ] [ FL ] [ GA ] [ IL ] [ IN ] [ IA ] [ KS ] [ KY ] [ LA ] [ ME ] [ MD ] [ MA ] [ MI ] [ MN ] [ MT ] [ NE ] [ NV ] [ NH ] [ NJ ] [ NM ] [ NY ] [ NC ] [ ND ] [ OH ] [ OK [ RI ] [ SC ] [ SD ] [ TN ] [ TX ] [ UT ] [ VT ] [ VA ] [ WA ] [ WV ] [ WI	[ MS ] [ OR ]	[ ID ] [ MO ] [ PA ] [ 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	-	ANTHER W.		
States in Which Person Listed Hos Solicited or Intends to Solicit Durchasers	<del></del>			
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)	<b>A</b> C			
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WV]	[ HI ] [ MS ] [ OR ]	[ 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 \(\sigma\) 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	\$20,000,000.00	\$9,755,000.00
	Equity	\$	\$
	□Common □Preferred	<u> </u>	
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify: )	\$	¢
	Total	\$20,000,000.00	\$9,755,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.	\$ <u>20,000,000.00</u>	\$ <u>3,733,000.00</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 <u>Rule 504</u> , 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."		<b>A</b> 4 -
		Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	86	\$ <u>9,755,000.00</u>
	Non-accredited Investors	0	\$0.00
	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 <u>504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, 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	Dollar Amoun
	Puls sos	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$0.00
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	□ ⊠	\$ 25,000.00
	Legal Fees	_	
	Accounting Fees.	⊠	\$ 50,000.00
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		Φ 000 000 00
	Other Expenses	X	\$_900,000.00
	•	<b>X</b>	\$ 25,000.00
	Total	X	\$ 1.000.000.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS					
	1 and total expenses furnished in respon	regate offering price given in response to Part C - Qu se to Part C - Question 4.a. This difference is the "ad	justed	\$19,000,000.00		
5.	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.					
	grees proceeds to the issues set to the in-	coponico to Tant o Question no acore.	Payments to Officers, Directors, & Affiliates	Payments To Others		
	Salaries and fees		. 🗆\$	□\$		
	Purchase of real estate		. 🗆\$	<b>⊠</b> \$ <u>15,000,000.00</u>		
Purchase, rental or leasing and installation of machinery and equipment			. 🗆\$	□\$		
	Construction or leasing of plant building	gs 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): Collateral Pool  Column Totals.		. 🗆\$	□\$			
		. 🗆\$	□\$			
		. 🗆\$	<b>⊠</b> \$1,000,000.00			
		. 🗆\$	<b>⊠</b> \$3,000,000.00			
		· □\$	<b>⊠</b> \$19,000,000.00			
Total Payments Listed (column totals added)						
_	A STATE OF THE STA			Mary Angles Control of the Control o		
	The state of the s	D. FEDERAL SIGNATURE	**************************************			
fo	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.					
Is	suer (Print or Type)	Signature J. Tucku ac	Date			
	ovare Group Holdings, LLC ame (Print or Type)	Title (Print or Type)	October 14	, 2005		
11	ame (Time of Type)	The (Finit of Type)				
J.	Tucker Alford	Senior Vice President and Chief Financia	l Officer			

**ATTENTION** 

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