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



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

OMB APPROVAL	
OMB Number: Expires:	
Estimated average burden	
hours per response	



Name of Offering ( check if this is an amendment and name has changed, and indicate change.) Prime Property Fund, LLC Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 □ Rule 506 Section 4(6) ULOE Type of Filing: ■New Filing Manual Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Prime Property Fund, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (404) 846-1313 Prime Property Fund, LLC c/o Morgan Stanley Real Estate Advisor, Inc. 3424 Peachtree Rd, NE Suite 800 Atlanta, GA 30326-1102 Attn: Candice Todd 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** Prime Property Fund, LLC is an investment fund organized as a limited liability company under Delaware law. T 2 0 2005 Type of Business Organization corporation limited partnership, already formed ⊠other (please specify): limited liability company, already formed ☐ business trust limited partnership, to be formed Month Year 0 2 ☐ Estimated Actual or Estimated Date of Incorporation or Organization: Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: D Ε CN for Canada; FN for other foreign jurisdiction)

## **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.

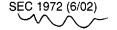
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### **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.

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.



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<ol><li>Enter the information reque</li></ol>	sted for the following:				
<ul> <li>Each promoter of the</li> </ul>	issuer, if the issuer has bee	n organized within the past five	years;		
<ul> <li>Each beneficial owner</li> </ul>	r having the power to vote o	r dispose, or direct the vote or	disposition of, 10% or more o	f a class of equity securities	es of the issuer;
	·	ssuers and of corporate general	I and managing partners of pa	artnership issuers; and	
Each general and ma	naging partner of partnershi	p issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Bufferd, Allan S.	,				
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)			
Massachusetts Institute of Te	·	•	dae. MA. 02142		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	⊠ Director	☐ General and/or
Check Box(es) that Apply:	☐ Promoter	☐ beneficial Owner	Li Executive Officer	□ Director	Managing Partner
Full Name (Last name first, if	individual)				managing Cannor
Burke, T. Robert	individual)				
	(N)	Oit : 04-4- 7:- 0-4-)			
Business or Residence Addre					
AMB Capital Partners, LLC, F		sco, CA, 94111			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer		☐ General and/or Managing Partner
Full Name (Last name first, if	individual) .				
Fallon, Joan H.					
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)			
JH Fallon & Associates, 219	E. 69 <sup>th</sup> St., New York, N	Y, 10021			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer		☐ General and/or
Chook Dox(oo) that Apply.		_ benenolal owner		₹7 pircotor	Managing Partner
Full Name (Last name first, if	individual)				
Hardman, E. Davisson	,				
Business or Residence Addre	ess (Number and Street	City State Zin Code)			
1585 Broadway, Floor 37, Ne	·	Ony, clate, zip code,			
		F-5 //			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Thomas, Owen D.					
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)			
1585 Broadway, Floor 37, Ne	ew York, NY, 10036				
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Brown, Scott A.					
Business or Residence Addre	ess (Number and Street	City, State, Zip Code)			
3424 Peachtree Rd., Suite 80	•	oky, Giato, Elp 9000/			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Thomas, Joseph C.					
Business or Residence Addre	ess (Number and Street,	City, State, Zip Code)			
3424 Peachtree Rd., Suite 80	•				
		et or convenduse addition	nal conice of this shoot as	necessary)	

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SEC 1972 (6/02)

#### 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 □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Todd, Candice W. Business or Residence Address (Number and Street, City, State, Zip Code) 3424 Peachtree Rd., Suite 800, Atlanta, GA, 30326 Check Box(es) that Apply: □ Promoter ☐ Beneficial Owner ☐ Executive Officer Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Morgan Stanley Real Estate Advisor, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 3424 Peachtree Rd., Suite 800, Atlanta, GA, 30326 Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: □ Promoter ☐ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Prime OE Fund Private Limited Business or Residence Address (Number and Street, City, State, Zip Code) 168 Robinson Road, #37-01 Capital Tower, SINGAPORE 068912 ☐ Executive Officer ☐ General and/or Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Executive Officer Check Box(es) that Apply: ☐ Promoter ■ Beneficial Owner □ Director ☐ General and/or Managing 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 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 Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

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. Aggregate Amount Type of Security Offering Price Aiready Sold Debt \$ 1,564,362,119.63 \$ 1,564,362,119.63 Equity (Exchanged)..... □ Common ☐ Preferred \$ 1,235,077,926.27 \$ 1,235,077,926.27 Equity (Sold) ..... □ Preferred □ Common Convertible Securities (including warrants)..... \$ Partnership Interests \$ Other (Specify\_ Total..... \$ 2,799,440,045.90 \$ 2,799,440,045.90 Answer also in Appendix, Column 3, if filing under ULOE. 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." Aggregate Dollar Amount Number of Purchases Investors 157 \$ 2,799,440,045.90 Accredited Investors..... Non-accredited Investors ..... \$ Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. 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 Dollar Amount Security Sold Type of offering Rule 505 ..... \$ Regulation A ..... \$ Rule 504 ..... Total..... 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) Other Expenses (identify) \$

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

Total ......

- Questhe "adju	the the difference between the a stion 1 and total expenses in resusted gross proceeds to the issues below the amount of the adjust sed for each of the purposes shan estimate and check the box to a stimate and the adjusted gross process of the stimate and fees	ed gross proceeds to the own. If the amount for a the left of the estimate, beceds to the issuer set for a the left of the issuer set for a the left of the issuer set for a the left of the estimate.	e issuer u any purpo The total forth in res	sed or propose se is not known of the payment sponse to Part (	s d ., s	Office	yments to rs, Directors Affiliates	\$2,	Payments To Others
to be us furnish a listed mu Questi Sal Pur Cor Accoffe pur Rej	sed for each of the purposes shan estimate and check the box to sust equal the adjusted gross protion 4.b above.  Idaries and fees	own. If the amount for a better the left of the estimate, beceds to the issuer set for a second and the left of the estimate.  Italiation of machinery and dings and facilities	any purpo The total forth in res d equipme	se is not knowr of the payment sponse to Part (		Office & \$ \$	rs, Directors Affiliates		Others
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Pui Pui Coi Acc offe pur Rej Wo	urchase of real estate	tallation of machinery and dings and facilities	d equipme	ent	🗆	\$			\$
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lame of Sign	ner (Print or Type)	Title of Signer (	Print or T	ype)					
andice W. T	• • • •	Chief Financial C		•	nd. LLC				

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