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

| /3 | E RE | :CEIVI | POCESS | |
|----|---------|--------|--------|------------|
| | OCT | 17 | 2005 | |
| | EX.O.C. | 185 | | <i>y</i> 0 |

FORM D

| OMB A | APPROVAL | | | | | | |
|---------------------------|-----------|--|--|--|--|--|--|
| OMB Number: | 3235-0076 | | | | | | |
| Expires: Apri | | | | | | | |
| Estimated average burden | | | | | | | |
| hours per response: 16.00 | | | | | | | |
| | | | | | | | |

| NOTICE OF SALE OF SECURITIES | SEC USE ONLY | | | | | | | |
|---|--------------------------------------|--|--|--|--|--|--|--|
| PURSUANT TO REGULATION D, Prefix SECTION 4(6) AND OR | | | | | | | | |
| SECTION 4(6), AND/OR | | | | | | | | |
| UNIFORM LIMITED OFFERING EXEMPTION | DATE RECEIVED | | | | | | | |
| 185/4 | | | | | | | | |
| | | | | | | | | |
| Name of Offering (check if this is an amendment and name has changed, and indicate change.) | | | | | | | | |
| Goldman Sachs Quantitative Opportunistic Strategies Master Fund, LLC: Limited Liability | | | | | | | | |
| | Section 4(6) ULOE | | | | | | | |
| Type of Filing: ☐ New Filing ☑ Amendment | | | | | | | | |
| A. BASIC IDENTIFICATION DATA | 1181111 86161 87111 88111 | | | | | | | |
| Enter the information requested about the issuer | | | | | | | | |
| Name of Issuer (check if this is an amendment and name has changed, and indicate change.) | | | | | | | | |
| Goldman Sachs Quantitative Opportunistic Strategies Master Fund, LLC | 0507000 | | | | | | | |
| Address of Executive Offices (Number and Street, City, State, Zip Code) Te | lephone Number (1110) | | | | | | | |
| 32 Old Slip, New York, New York 10005 | (212) 902-1000 | | | | | | | |
| Address of Principal Business Operations (Number and Street, City, State, Zip Code) Te | lephone Number (Including Area Code) | | | | | | | |
| (if different from Executive Offices) | PROCESSED | | | | | | | |
| Brief Description of Business | 1.1/ | | | | | | | |
| To operate as a private investment fund. | MT-NOV 18 2005 | | | | | | | |
| Type of Business Organization | FINANCIAD | | | | | | | |
| □ corporation □ limited partnership, already formed □ | other (please specify). CIAL | | | | | | | |
| □ business trust □ limited partnership, to be formed Li | mited Liability Company | | | | | | | |
| Month Year | . | | | | | | | |
| Actual or Estimated Date of Incorporation or Organization: 0 7 | ☑ Actual ☐ Estimated | | | | | | | |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation | | | | | | | | |
| State: CN for Canada; FN for other foreign jurisdi | ction) D E | | | | | | | |

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.

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 the 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 to 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 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.

Potential persons who are to respond to the collections 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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| 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) |
| Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member) |
| Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 |
| Check Box(es) that Apply: |
| Full Name (Last name first, if individual) Goldman Sachs Alpha Dynamic Risk Fund, LLC |
| Business or Residence Address (Number and Street, City, State, Zip Code) |
| 32 Old Slip, New York, NY 10005 |
| Check Box(es) that Apply: |
| Full Name (Last name first, if individual) |
| Silver Creek Early Advantage Holdings, LLC Business or Residence Address (Number and Street, City, State, Zip Code) |
| 1301 Fifth Avenue, 40 th Floor, Seattle, Washington 98101 |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner |
| Full Name (Last name first, if individual) Carhart, Mark M. |
| Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner |
| Full Name (Last name first, if individual) DeSantis, Giorgio |
| Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 |
| Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Partner and/or Managing Partner |
| Full Name (Last name first, if individual) Iwanowski, Raymond J. |
| Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner |
| Full Name (Last name first, if individual) Litterman, Robert B. |
| Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 |
| Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General Partner and/or Managing Partner |
| Full Name (Last name first, if individual) Tavel, Eric N. |
| Business or Residence Address (Number and Street, City, State, Zip Code) 32 Old Slip, New York, NY 10005 |
| |

A. BASIC IDENTIFICATION DATA

| 2. | Ent | er the information | requested for t | he follow | ing: | | | | | | |
|------|-------|--|---------------------|------------|------------------------|--------|------------------------|-------|--------------|-------|--|
| | * | Each promoter of | of the issuer, if t | he issuer | has been organized v | vithin | the past five years; | | | | |
| | * | Each beneficial of the issuer; | owner having th | ne power | to vote or dispose, or | direc | ct the vote or disposi | tion | of, 10% or 1 | more | of a class of equity securities |
| | * | Each executive | officer and direc | ctor of co | rporate issuers and o | f corp | orate general and m | anagi | ing partners | of pa | artnership issuers; and |
| | * | Each general and | d managing par | tner of pa | rtnership issuers. | | | | | | |
| Che | ck B | ox(es) that Apply | Prom | oter 🗆 | Beneficial Owner | Ø | Executive Officer | | Director | | General and/or Managing Partner |
| | | ne (Last name firs | t, if individual) | | | | | | | | |
| | | s or Residence Ad Slip, New York, N | ` | er and Str | reet, City, State, Zip | Code) |) | | | | |
| | | ox(es) that Apply | | oter 🗆 | Beneficial Owner | | Executive Officer | | Director | | General Partner and/or Managing Partner |
| Full | Nan | ne (Last name firs | t, if individual) | | | | | | | | |
| Bus | iness | s or Residence Ad | dress (Numb | er and Sti | reet, City, State, Zip | Code) |) | | | | |
| Che | ck B | ox(es) that Apply | : 🗆 Prom | oter 🗆 | Beneficial Owner | | Executive Officer | | Director | | General Partner and/or Managing Partner |
| Full | Nan | ne (Last name firs | t, if individual) | | | | | | | | |
| Bus | iness | s or Residence Ad | dress (Numb | er and Sti | reet, City, State, Zip | Code) |) | | | | |
| Che | ck B | ox(es) that Apply | : 🗆 Prom | oter 🗆 | Beneficial Owner | | Executive Officer | | Director | | General Partner and/or Managing Partner |
| Full | l Nan | me (Last name firs | t, if individual) | | | | | | | | |
| Bus | iness | s or Residence Ad | dress (Numb | er and St | reet, City, State, Zip | Code) |) | | | | - |
| Che | ck B | Sox(es) that Apply | : 🗆 Prom | oter 🗆 | Beneficial Owner | | Executive Officer | | Director | | General Partner and/or Managing Partner |
| Full | Nan | ne (Last name firs | t, if individual) | | | | | | | | |
| Bus | iness | s or Residence Ad | dress (Numb | er and St | reet, City, State, Zip | Code) |) | - | | | |
| Che | ck B | ox(es) that Apply | : □ Prom | oter 🗆 | Beneficial Owner | | Executive Officer | | Director | | General Partner and/or Managing Partner |
| Full | l Nar | me (Last name firs | t, if individual) | | | | | | | | |
| Bus | iness | s or Residence Ad | dress (Numb | er and St | reet, City, State, Zip | Code |) , | | | | |
| Che | ck B | Box(es) that Apply | : 🗆 Prom | oter 🗆 | Beneficial Owner | | Executive Officer | | Director | | General Partner and/or Managing Partner |
| Full | l Nar | ne (Last name firs | t, if individual) | | | | | | | | |
| Bus | ines | s or Residence Ad | dress (Numb | er and St | reet, City, State, Zip | Code |) | | | | |

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Executive Officer

Director

General Partner and/or Managing Partner

Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

☐ Promoter

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

| | | | | B. INI | FORMAT | ION ABO | UT OFFI | ERING | | | | |
|--|-----------------------------|----------------|---|---------------|---------------|----------|---------|--------|--------|-----------|------------|------------|
| | | | | | | | | | | | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | | | | | | | | ••••• | | \square | | |
| Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | |
| 2. What is the minimum investment that will be accepted from any individual? *The first may accept subscriptions for lesson amounts in the sole discretion of the Managing Managing and the sole discretion of the Managing Managing Managing and the sole discretion of the Managing Managing Managing Managing and the sole discretion of the Managing | | | | | | | | | | \$ 200 | | |
| *The fund may accept subscriptions for lesser amounts in the sole discretion of the Managing Member. | | | | | | | | | | 2,00 | 0,000* | |
| 3. Does | the offering | permit ioint | ownership | of a single i | unit? | | | | | | Yes 521 | No |
| 3. Does the offering permit joint ownership of a single unit? | | | | | | | | | | | _ | _ |
| 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. | | | | | | | | | | | | |
| | e (Last name | <u> </u> | | | | | | | | | | |
| | n, Sachs & C | | , | | | | | | | | | |
| Rusiness | or Residence | Address (N | Jumber and | Street City | / State Zin | Code) | | | | | | |
| | l Street, Nev | | | once, on, | ,, State, Zip | Code) | | | | | | |
|) I C | 4 17 | | - , · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| Name of | Associated E | roker or De | ealer | | | | | | | | | |
| | Which Perso | | | | | | | | | | | |
| ` | "All States" | | | • | | | | •••••• | •••••• | | | II 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] ie (Last name | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |
| i un ram | ic (Last Haine | , in st, ii ma | ividuai) | | | | | | | | | |
| Ducinoss | or Residence | Addross (A | Jumbarand | Straat City | · State 7in | Codo | | | | | | |
| Business | or Residence | e Address (r | Number and | Street, City | y, State, Zip | Code | | | | | | |
| <u> </u> | 4 1 7 | | 1 | | | | | | | | | |
| Name of | Associated E | Broker or De | ealer | | | | | | | | | |
| | | | | | | | | | | | | |
| | Which Perso "All States" | | | | | | | | | | ПАІ | l 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 Nam | ne (Last name | first, if ind | ividual) | | | | | | | | | |
| | | | | | | | | | | | | |
| Business | or Residence | e Address (1 | Number and | Street, City | y, State, Zip | Code) | | | | | | |
| | | | | | | | | | | | | |
| Name of | Associated E | Broker or De | ealer | | | | | | | | | |
| | | | | | | | | | | | | |
| States in | Which Perso | n Listed Ha | s Solicited | or Intends to | o Solicit Pu | rchasers | | | | | | |
| | "All 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] |

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

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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 \square 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 | \$ | 0 | . : | \$_ | 0 |
| | Equity | s – | 0 | _ | s _ | |
| | □ Common □ Preferred | _ | | - | _ | |
| | Convertible Securities (including warrants) | \$_ | 0 | . : | s _ | 0 |
| | Partnership Interests | \$ | 0 | | \$_ | 0 |
| | Other (Specify) Limited Liability Company Units | \$_ | 36,757,900 | | s | 36,757,900 |
| | Total | \$ | 36,757,900 | | \$ | 36,757,900 |
| | 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." | | | | | Aggregate |
| | | | Number Investors | | | Dollar Amount of Purchases |
| | Accredited Investors | _ | 3 | _ | \$ <u>_</u> | 36,757,900 |
| | Non-accredited Investors | _ | N/A | _ | s _ | N/A |
| | Total (for filings under Rule 504 only) | _ | N/A | _ | \$_ | N/A |
| | 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 | | | Dollar Amount |
| | Type of offering | | Security | | | Sold |
| | Rule 505 | _ | N/A | _ | \$ _ | N/A |
| | Regulation A | _ | N/A | _ | \$ _ | N/A |
| | Rule 504 | | N/A | _ | \$_ | N/A |
| | Total | _ | N/A | _ | \$_ | N/A |
| ti ti | a.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 the expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | | | | |
| | Transfer Agent's Fees | | |] | \$_ | 0 |
| | Printing and Engraving Costs | | |] | \$ _ | 0 |
| | Legal Fees | | Œ | 1 | \$_ | 31,875 |
| | Accounting Fees | | |] | \$_ | 0 |
| | Engineering Fees | | | 3 | \$_ | 0 |
| | Sales Commissions (specify finders' fees separately) | | ₽ | 1 | \$_ | 110,274 |
| | Other Expenses (identify) legal and miscellaneous | | |) | \$_ | 0 |
| | Total | | E | Ī | s _ | 142,149 |
| | | | | | | |

| | C. OFFERING PRICE, NUMBER OF INVESTORS, EX | PENS | LS A | AND USE OF P. | KUCE | ED2 | |
|----|---|-----------------|-------------------|--|------------|----------------|-------------------------------------|
| | b. Enter the difference between the aggregate offering price given in response to - Question 1 and total expenses furnished in response to Part C - Question 4. difference is the "adjusted gross proceeds to the issuer." | a. Th | is | | \$_ | | 36,615,751 |
| | Indicate below the amount of the adjusted gross proceeds to the issuer used or p to be used for each of the purposes shown. If the amount for any purpose is not furnish an estimate and check the box to the left of the estimate. The tota payments listed must equal the adjusted gross proceeds to the issuer set forth in to Part C - Question 4.b. above. | know l of th | n, ie | | _ | | |
| | | | | Payments to Officers, Directors, & Affiliates | | | Payments To Others |
| | Salaries and Fees | | \$_ | 0 | . 🗆 | \$_ | 0 |
| | Purchase of real estate | | \$_ | 0 | | \$_ | 0 |
| | Purchase, rental or leasing and installation of machinery and equipment | | \$_ | 0 | | \$_ | 0 |
| | Construction or leasing of plant buildings and facilities | | \$_ | 0 | | \$ _ | 0 |
| | 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) | | \$ | 0 | | \$ | 0 |
| | Repayment of indebtedness | | ° - | 0 | | ς- | 0 |
| | Working capital | | \$ - \$ | 0 | | \$ - \$ | 0 |
| | Other (specify): Investment capital | _ | \$ - \$ | 0 | - <u>□</u> | s - | 36,615,751 |
| | Column Totals | | \$ - \$ | 0 | - = | \$ - \$ | 36,615,751 |
| | Column Totals | u | - | V | - 63 | - - | 20,012,721 |
| | Total Payments Listed (column totals added) | | | ☑ \$ | 36,61 | 5,75 | 1 |
| | D. FEDERAL SIGNATU | RE | | | | | |
| fo | the issuer has duly caused this notice to be signed by the undersigned duly authollowing signature constitutes an undertaking by the issuer to furnish to the U.S. Ses staff, the information furnished by the issuer to any non-accredited investor pursuance. | curitie | s and | Exchange Commis | sion, u | unde oon v | er Rule 505, the vritten request of |
| 30 | ner (Print or Type) Idman Sachs Quantitative Opportunistic ategies Master Fund, LLC | | | Date October 13, 20 | 005 | - | |
| | me of Signer (Print or Type) Title of Signer (Print or Type) Authorized Person | | | | | | |
| | ATTENTION | | | | | | |
| | Intentional misstatements or omissions of fact constitute feder | al cri | min | al violations. (| See 18 | U.S | S.C. 1001). |

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