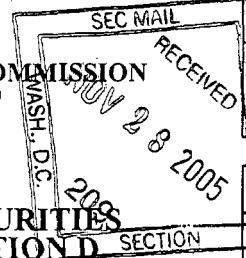


UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



1346009 OMB APPROVAL OMB Number: 3235-0076 Expires: November 30, 2001 Estimated average burden: 16.00 hours per form



05073015

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.) Merrill Lynch Capital Reserve Fund, LLC (the "Issuer")

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.) Merrill Lynch Capital Reserve Fund, LLC

Address of Executive Offices (Number and Street, City, State, ZIP Code) Telephone Number (Including Area Code) c/o Fund Asset Management, L.P., One Financial Center, 23rd Floor, Boston, Massachusetts 02111 (800) 225-1576

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

Brief Description of Business To seek enhanced current income by investing primarily in a diversified portfolio of high quality short-term U.S. dollar denominated money market instruments, as well as longer term government and corporate debt securities and other financial instruments.

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

Actual or Estimated Date of Incorporation or Organization: Month Year 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) DE

PROCESSED DEC 08 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. 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. 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 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 form displays a currently valid OMB number.

VMS

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)
Fund Asset Management, L.P ("FAM" or the "Manager")

Business or Residence Address (Number and Street, City, State, Zip Code)
One Financial Center, 23rd Floor, Boston, Massachusetts 02111

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

Full Name (Last name first, if individual)
Princeton Services, Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Merrill Lynch & Co., Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
World Financial Center, North Tower, 250 Vesey Street, New York, New York 10080

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

Full Name (Last name first, if individual)
Doll, Robert C.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Patti, Anthony J.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Verage, Thomas J.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Fullerton, Brian J.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

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)
Jacob, Kenneth A.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Loffredo, John M.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Burke, Donald C.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Donohue, Andrew J.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Willoughby, Jay L.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Worman, Glenn C.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
McKenna, Kevin J.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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)
Hiller, Jeffrey

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Fosina, John J.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
Porcelli, Francis M.

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Princeton Services, Inc., 800 Scudders Mill Road, Plainsboro, New Jersey 08536

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

Full Name (Last name first, if individual)
AAI Corporation

Business or Residence Address (Number and Street, City, State, Zip Code)
124 Industry Lane, Hunt Valley, Maryland 21030

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)

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)

B. INFORMATION ABOUT OFFERING

- | | | |
|---|-------------------------------------|-------------------------------------|
| | YES | NO |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? | <input type="checkbox"/> | <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? | \$10,000,000* | |
| * The minimum investment for the A Class is \$10,000,000 and \$25,000,000 for the Founders Class each subject to the discretion of the Selling Agent to lower such amount. | | |
| | YES | NO |
| 3. Does the offering permit joint ownership of a single unit? | <input checked="" type="checkbox"/> | <input 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)

FAM Distributors, Inc. (the "Selling Agent")

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

One Financial Center, 23rd Floor, Boston, Massachusetts 02111

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] |

(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 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 | \$0 | \$0 |
| <input type="checkbox"/> Common <input type="checkbox"/> Preferred | | |
| Convertible Securities (including warrants) | \$0 | \$0 |
| Partnership Interests | \$0 | \$0 |
| Other (Specify <u>units of limited liability company interest (the "Units")</u> (a) | \$5,000,000,000(b) | \$300,000,000 |
| Total | \$5,000,000,000 (b) | \$300,000,000 |

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."

| Type of Investor | Number Investors | Aggregate Dollar Amount of Purchases |
|--|------------------|--------------------------------------|
| Accredited Investors | 18 | \$300,000,000 |
| Non-accredited investors | 0 | \$0 |
| 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 offering | Type of Security | Dollar Amount Sold |
|--------------------|------------------|--------------------|
| Rule 505 | N/A | \$N/A |
| Regulation A | N/A | \$N/A |
| Rule 504 | N/A | \$N/A |
| Total | N/A | \$N/A |

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 checked="" type="checkbox"/> | \$0 |
| Printing and Engraving Costs | <input checked="" type="checkbox"/> | \$0 |
| Legal Fees | <input checked="" type="checkbox"/> | \$230,000 |
| Accounting Fees | <input checked="" type="checkbox"/> | \$0 |
| Engineering Fees | <input checked="" type="checkbox"/> | \$0 |
| Sales Commissions (specify finders' fees separately) | <input checked="" type="checkbox"/> | \$0 |
| Other Expenses (identify) <u>Filing Fees</u> | <input checked="" type="checkbox"/> | \$20,000 |
| Total | <input checked="" type="checkbox"/> | \$250,000 |

(a) The Issuer is offering two (2) Classes of Units (Class A and Founders Class). The two (2) Classes are subject to different minimum investments and fees.

(b) Open end fund, estimated maximum aggregate offering amount.

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 proceed proceeds to the issuer."


\$4,999,750,000

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, & Affiliates | Payments to Others |
|---|--|---|
| Salaries and fees..... | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$0 |
| Purchase of real estate..... | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$0 |
| Purchase, rental or leasing and installation of machinery and equipment..... | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$0 |
| Construction or leasing of plant buildings and facilities..... | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$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)..... | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$0 |
| Repayment of indebtedness..... | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$0 |
| Working capital..... | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$0 |
| Other (specify): <u>Portfolio Investments</u> | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$4,999,750,000 |
| | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$0 |
| Column Totals..... | <input checked="" type="checkbox"/> \$0 | <input checked="" type="checkbox"/> \$4,999,750,000 |
| Total Payments Listed (column totals added)..... | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> \$4,999,750,000 |

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) | Signature | Date |
| Merrill Lynch Capital Reserve Fund, LLC |  | 11/24/05 |
| Name of Signer (Print or Type) | Title of Signer (Print or Type) | |
| Donald C. Burke | Treasurer of Princeton Services, Inc., the general partner of the Manager | |

ATTENTION

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