



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

FORM D

NOTICE OF SALE OF SECURITIES



SEC USE ONLY

	PURSUANT TO REGULA				
	SECTION 4(6), AND)/OR		DATE RECE	CEVI
10 m	FORM LIMITED OFFERIN		PTION		<u> </u>
Name of Offering (check if this is an ar		te change.)			
Private Wealth Advisors Real Estate Parting Under (Check box(es) that apply):	artnership I, L.P. Rule 504 Rule 505 Rule 506	7 Section J(6)	☐ ULOE		
Type of Filing:					
	A. BASIC IDENTIFICATION	DATA			
f. Enter the information requested about th	e issuer				
Name of Issuer (check if this is an amen	idment and name has changed, and indicate c	hange.)			
Private Wealth Advisors Real Estate Pa					
Address of Executive Offices	(Number and Street, City, Sta	ne. Zip Code)	!	Number (Includin	ig Area Code)
4900 Perry Highway, Suite 300, Pittsbu			800-245-533		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, St.	ate, Zip Code)	Telephone	Number (Includi	ng Area Code)
Brief Description of Business				DDAA	ESSED
wealth management					LOOLL
Type of Business Organization				NFC 2	2 2 2005
corporation	limited partnership, already formed	other (;	olease specify):	_	
husiness trust	limited partnership, to be formed				MSON
Note that Colored I Day of Income	Month Year	and Clean		JFINA	NCIAL
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization:		viation for State	mated e: PA		
GENERAL INSTRUCTIONS					
Federal: Who Must File: All issuers making an offering 77d(6).	ol' securities in reliance on an exemption unde	er 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 late and Exchange Commission (SEC) on the earli which it is due, on the date it was mailed by by	er of the date it is received by the SEC at the	address given h			
Where To File: U.S. Securities and Exchange	Commission, 450 Fifth Street, N.W., Washi	ngton, D.C. 20	549.		
Copies Required: Five (5) copies of this notion photocopies of the manually signed copy or b		must be manual	ly signed. Any	copies not manua	illy signed must b
Information Required: A new filing must conthereto, the information requested in Part C, and the filed with the SEC.					
Filmg Fee: There is no federal filing fee.					
State: This notice shall be used to indicate reliance ULOE and that have adopted this form. Issuare to be, or have been made. If a state requaccompany this form. This notice shall be fithis notice and must be completed.	uers relying on ULOE must file a separate nairies the payment of a fee as a precondition	otice with the ! to the claim fo	Securities Adm or the exemption	ninistrator in each on, a fee in the pro	n state where sale oper amount sha
	ATTENTION —				
	iate states will not result in a loss of esult in a loss of an available state ex				

A. BASIC IDENTIFICATION DATA 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. General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Private Wealth Advisors Real Estate Partnership I, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 4900 Perry Highway, Suite 300, Pittsburgh, PA 15229 Check Box(es) that Apply ☐ Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner bull Name (Last name first, if individual) Miller, Stuart M. Business or Residence Address (Number and Street, City, State, Zip Code) 4900 Perry Highway, Suite 300, Pittsburgh, PA 15229 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☑ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Scarpo, Joseph A. Business or Residence Address (Number and Street, City, State, Zip Code) 4900 Perry Highway, Suite 300, Pittsburgh, PA 15229 Executive Officer Director Check Box(es) that Apply: Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Schneider, John M. Business or Residence Address (Number and Street, City, State, Zip Code) 4900 Perry Highway, Suite 300, Pittsburgh, PA 15229 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer Check Box(es) that Apply: [] Promoter Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: 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)

					B. IN	FORMATI	ON ABOUT	r offerin	(G				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										Yes	No ⊠	
2.	2. What is the minimum investment that will be accepted from any individual?									\$_50,5	500.00		
3.	3. Does the offering permit joint ownership of a single unit?									***>***	Yes ¥	No	
4.	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.]	٣		
Ful N/,		Last name f	irst, if indi	vidual)									
		Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)						
Na	me of Ass	sociated Br	oker or Dea	iler -									
Sta	ites in WI	ich Person	Listed Has	Solicited	or Intends	to Solicit l	Purchasers	·		····			
	(Check	"All States	" or check	individual	States)	•••••	*************	•••••		••••••		□ Al	l States
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Fu.	ll Name (Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of As	sociated Br	oker or De	aler		·							
Sta	ites in Wi	nich Person	Listed Has	Solicited	or Intends	to Solicit 1	Purchasers						
	(Check	"All States	" or check	individual	States)		****************	••••••				□ Al	l States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu.	Il Name (Last name	first, if indi	vidual)							·····		
Bu	siness or	Residence	Address (?	Number an	d Street, C	ity, State,	Zip Code)						
Na	me of As	sociated Br	oker or De	aler									***************************************
Sta			Listed Has										
•	(Check	"All States	" or check	individual	States)	***************************************	************	***********	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,		☐ Al	l States
	AL II. MT	AK IN NE SC	IA NV SD	AK KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

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

{ .	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the 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	5	\$
	Equity		
	Common Preferred	·· -	
	Convertible Securities (including warrants)	S	\$
	Partnership Interests	1,818,000.00	s 1,085,600.00
	Other (Specify)		
	Total		
	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	14	\$_1,085,600.00
	Non-accredited Investors		s
	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 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		\$_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 insurer. 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	[<u>Z</u>	\$_5,000.00
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify) filing fees		\$_525.00
	Fotal		E 505 00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to Part C — Que and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted proceeds to the issuer."	ed gross	s1,812,475.00
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be ceach of the purposes shown. If the amount for any purpose is not known, furnish an estime check the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C — Question 4.b above.	iate and	
		Payments to Officers, Directors, & Affiliates	
	Salaries and fees		S
	Purchase of real estate		[] \$
	Purchase, rental or leasing and installation of machinery and equipment		[]\$
	Construction or leasing of plant buildings 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): to acquire and hold up to 36 units of limited partnership interest	□ \$	7,800,000.0
	in Dayton Portfolio, L.P.		
			s
	Column Totals	\$ <u>0.00</u>	S_1,812,475.0
	Total Payments Listed (column totals added)		1,812,475.00
	D. FEDERAL SIGNATURE		
sig	he issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the gnature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange information furnished by the issuer to any non-accredited investor pursuant to paragraph (b	Commission, upon wri	
lss	suer (Print or Type) Signayre	Date / 2	
Ρ	rivate Wealth Advisors Real Estate Partnership I,	12-2	-05
N	ame of Signer (Print or Type) Title of Signer (Print or Type)		
Stu	uart M. Miller Member of Private Wealth Advisors R	teal Estate Partnership	I, LLC-General Partr

- ATTENTION -

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

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ∑
	See Appendix, Column 5. for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is f D (17 CFR 239 500) at such times as required by state law.	iled a no	otice on Form

- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contourly authorized person.	ents to be true and has duly caused this not	ice to be signed on its behalf by the undersigned
Issuer (Print or Type)	Signature	Date
Private Wealth Advisors Real Estate Partnership J.	Mul V h h.	12-2-05
Name (Print or Type)	Title (Print or Type)	
Stuart M. Miller	Member of Private Wealth Advisors	Real Estate Partnership I. i i C-General Partne

Instruction:

issuer to offerees.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX										
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification ate ULOE attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
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		<u>A.</u>	e en	APPI	ENDIX		——		
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pui	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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МТ									
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	to non-a	d to sell accredited rs in State B-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)		Type of investor and amount purchased in State (Part C-Item 2)				lification ate ULOE , attach ation of granted) -Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR	1									