FORM D

RECEIVED

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

FORM D

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
209 JUNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response. 16.00



(check if this is an amendment and name has changed, and indicate change.) Name of Offering Funk Ventures Capital Partners SDC III, LLC Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Filing Under (Check box(es) that apply): Type of Filing: New Filing Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Funk Ventures Capital Partners SDC III, LLC Address of Executive Offices Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) 22048 Sherman Way 304, Canoga Park, CA, 91303 (818) 716-0413 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 Venture Capital Investments Type of Business Organization other (please specify): corporation limited partnership, already formed limited partnership, to be formed business trust Month Year Actual or Estimated Date of Incorporation or Organization: Actual Estimated 0 0 Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

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).

CA

CN for Canada; FN for other foreign jurisdiction)

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 predictated on the filing of a federal notice.

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		A. BASIC ID	ENTIFICATION DATA		
Each beneficial owEach executive off	he issuer, if the issuer, her having the powicer and director o	suer has been organized ver to vote or dispose, or d	within the past five years; irect the vote or disposition f corporate general and ma		f a class of equity securities of the issu partnership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Funk Ventures Capital Pa					
Business or Residence Addre 22048 Sherman Way 304			ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Funk, Andy J.	f individual)				
Business or Residence Addre 22048 Sherman Way 304	· ·		ode)		
Check Box(es) that Apply:	∠ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Krasnow, David	f individual)	44-44-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4		4.0.0	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	Code)		
22048 Sherman Way 304	, Canoga Park,	CA, 91303			
Check Box(es) that Apply:	∠ Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Bernstein, Joshua					
Business or Residence Addre 22048 Sherman Way 304	•	Street, City, State, Zip C , CA, 91303	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			alaboration and a second a second and a second a second and a second a	
Business or Residence Addre	ss (Number and	Street City State Zin C	Code)		

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

Beneficial Owner Executive Officer

General and/or

Managing Partner

Director

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

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

			n ne sagaran Tanah		B. U	NFORMAT	ION ABOU	T OFFERI	NG				
1. Ha	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. W	2. What is the minimum investment that will be accepted from any individual?											\$_25,0	00.00
												Yes	No
												×	
co If or	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)												
Full Na	ame (I	Last name	first, if indi	vidual)									
Busine	ss or]	Residence	Address (N	umber and	d Street, Ci	ity, State, Z	Zip Code)	·		_		_	
Name	of Ass	ociated Br	oker or De	aler							. <u> </u>		
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(C	Check	"All States	" or check	individual	States)	• • • • • • • • • • • • • • • • • • • •						All States	
I M	L AT	AK IN NE SC	IA NV SD	AR 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	HI MS OR WY	MO PA PR
Full Na	ame (I	Last name	first, if indi	vidual)									V 2 4 1 3 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4
Busine	ss or	Residence	Address (N	Number an	d Street, C	city, State,	Zip Code)						
Name	of Ass	ociated Br	oker or De	aler	· , . , .								
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			_			
(C	Check	"All States	s" or check	individual	States)	•••••	••••••					☐ Al	l States
N	L IT	AK IN NE SC	IA NV SD	AR 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	HI MS OR WY	ID MO PA PR
Full N	ame (l	Last name	first, if indi	ividual)	-			,				··	
Busine	ss or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)					i.,	
Name	of Ass	ociated Bi	oker or De	aler			<u> </u>						
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								☐ Al	l States				
N N	L AT	AK IN NE SC	AZ IA NV SD	AR KS NH	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	HI MS OR WY	ID MO PA PR

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

	sold. Enter "0" if the 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		Amount Already Sold
		J	\$ 0.00
	Debt		\$ 0.00 \$ 0.00
	Equity	\$_0.00	\$_0.00
	Common Preferred	e 0.00	0.00 \$
	Convertible Securities (including warrants)		\$ 0.00
	Partnership Interests		\$ 500,000.00
	Other (Specify LLC Membership Interests		\$_500,000.00 \$_500,000.00
	Total	\$	\$ 300,000.00
	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."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	6	\$ 500,000.00
	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 504 or 505, enter the information requested for all securities old 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		\$ 0.00
	Legal Fees		\$_0.00
	Accounting Fees		\$_0.00
	Engineering Fees		\$_0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)		\$_0.00
	Total	_	\$ 0.00

	and total expenses furnished in response to Part C	ffering price given in response to Part C — Question 1 — Question 4.a. This difference is the "adjusted gross	i	\$
5.	each of the purposes shown. If the amount for	proceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and I of the payments listed must equal the adjusted gross Part C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
			_	_
	Purchase of real estate		\$	
	Purchase, rental or leasing and installation of n			
		facilities		
	Acquisition of other businesses (including the	Φ	- U ⁵	
	offering that may be used in exchange for the a		\$	_ \$_1,000,000.00
	Repayment of indebtedness		\$	\$
	Working capital		\$	\$
	Other (specify):		<u>\$</u>	\$
			\$	
	Column Totals		\$ 0.00	\$1,000,000.0
			\$ <u></u> 1	,000,000.00
	A Comment of the Comm	D. FEDERAL SIGNATURE		
sig	nature constitutes an undertaking by the issuer to	the undersigned duly authorized person. If this notice furnish to the U.S. Securities and Exchange Commi accredited investor pursuant to paragraph (b)(2) of	ssion, upon writte	en request of its staff,
Iss	uer (Print or Type)	Signature ,	Date	
Fu	ink Ventures Capital Partners SDC III, LLC	HARAGHALL	12/05/2005	
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
And	dy J. Funk	Managing Director of Managing Member		

- ATTENTION -

·	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 X
	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 filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 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 contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Funk Ventures Capital Partners SDC III, LLC	HAGINYAL	12/05/2005
Name (Print or Type)	Title (Print or Type)	
Andy J. Funk	Managing Director of Managing Member	

Instruction.

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 2 3 4 Disqualification Type of security under State ULOE Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of offered in state amount purchased in State waiver granted) investors in State (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors Investors** Amount Yes No Amount AL ΑK AZAR CACO CTDE DC FL GA НІ ID ILIN IA KS KY LA ME MD MA MI MN MS

APPENDIX 2 1 3 4 5 Disqualification Type of security under State ULOE (if yes, attach Intend to sell and aggregate to non-accredited offering price Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited State Yes No **Investors Investors** Yes No Amount Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PARΙ SC SD TN TX UT VTVA WA WV WI

L	APPENDIX										
1		2	3		5 Disgualification						
	Intend to sell and aggreg to non-accredited offering pric investors in State offered in sta		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)				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		
WY								The second secon			
PR		w-16/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/24/00/									