

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

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

	OMB APPROVAL
Ex Es	IB Number: 3235-0076 bires: April 30, 2008 cimated average burden urs per form. 16.00
1	SEC USE ONLY
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05074603

Name of Offering	(check if this is an am	nendment and name	has changed, and ir	dicate change.)		
Offering of limited I	iability company interest	s of K2 Long Short	Fund, LLC		Secure Colonia	
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505		Section 4(6)	☐ ULOE
Type of Filing:	☐ New Filing			< DEM	TO SAME	
		A. BASI	DENTIFICAT	ON DATA	* * * * * * * * * * * * * * * * * * * *	PROCESSED
1. Enter the inform	nation requested about the	issuer				
Name of Issuer	check if this is an amount	endment and name h	as changed, and in	dicate change.	D-	JAN U 3 2006
K2 Long Short Fun	d, LLC					THOMSON
Address of Executive	e Offices		(Number and Stree	et, City, State, Zip Cod	e) Telephone Nu	mber (MAN) Area Code)
c/o K2 Advisors, L.	L.C., 300 Atlantic Street,	12 th Floor, Stamford	, CT 06901		(2	203) 905-5358
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Cod	e) Telephone Nu	mber (Including Area Code)
(if different from Exe	cutive Offices)					
Brief Description of E	Business: Private Inve	estment Company				
					· · · · · · · · · · · · · · · · · · ·	
Type of Business Or	<u> </u>			_		
	☐ corporation		partnership, already		other (please spe	• •
	business trust	∐ limited p	partnership, to be fo	med	Limited liability comp	oany ————————————————————————————————————
			Month	Year_	· 	
Actual or Estimated	Date of Incorporation or Or	ganization:	0 2	0	3 ⊠ Actu	ial Estimated
Jurisdiction of Incorp	oration or Organization: (E	Enter two-letter U.S. F	Postal Service Abbre	eviation for State;		
		C	N for Canada; FN fo	r other foreign jurisdic	tion) 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. 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 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.

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.

		A. BASIC ID	ENTIFICATION DAT	Α	
Each beneficial owrEach executive office	ne issuer, if the is ner having the po cer and director o	suer has been organized with	ect the vote or disposition o		a class of equity securities of the issuer; tnership issuers; and
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first,	if individual):	K2 Advisors, L.L.C.			·
Business or Residence Add	ress (Number an	d Street, City, State, Zip Code	e): 300 Atlantic Street	t, 12 th Floor, Stam	ford, CT 06901
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner			☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Douglass III, William A.			
Business or Residence Add 06901	ress (Number an	nd Street, City, State, Zip Code	e): c/o K2 Advisors, L	L.C. 300 Atlantic	Street, 12 th Floor, Stamford, CT
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Saunders, David C.			
Business or Residence Add 06901	ress (Number ar	nd Street, City, State, Zip Code	e): c/o K2 Advisors, L	L.C. 300 Atlantic	Street, 12 th Floor, Stamford, CT
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	⊠ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Christie, Stephanie			
Business or Residence Add	ress (Number ar	nd Street, City, State, Zip Code	e): c/o K2 Advisors, L.	L.C. 300 Atlantic	Street, 12 th Floor, Stamford, CT 06901
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Montane Investments	, LLC		
Business or Residence Add 80113	ress (Number ar	nd Street, City, State, Zip Cod	e): c/o Atlantic Trust	Company, 1700 L	incoln Street, Suite 2550, Denver, CO
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Glenview Trust Comp	pany Alternative Investme	nt Fund, LLC	
Business or Residence Add	lress (Number ar	nd Street, City, State, Zip Cod	e): 4969 US Highway	42 – Suite 2000, L	ouisville, KY 40222
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 Add	lress (Number ar	nd Street, City, State, Zip Cod	e):		
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 Add	lress (Number ar	nd Street, City, State, Zip Code	e):		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

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

Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? ☐ Yes ☐ No Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?..... \$1,000,000* * May be waived by the general partner Does the offering permit joint ownership of a single unit? 3. ☑ Yes □ No 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) 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 \square [AK] \square [AZ] \square [AR] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FL] \square [GA] \square [HI] \square (KS) \square (KY) \square (LA) \square (ME) \square (MD) \square (MA) \square (MI) \square (MN) \square (MS) \square (MO) □ [IA] \square [MT] \square [NE] \square [NV] \square [NH] \square [NJ] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA] □ [RI] 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 \square [AK] \square [AZ] \square [AR] \square [CA] \square [CO] \square [CT] \square [DE] \square [DC] \square [FL] \square [GA] \square [HI] □ [AL] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MS] [MO] □ (IL) [NI] □ [NE] □ [NV] □ [NH] □ [NJ] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA] □ [MT] □ [RI] 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 ☐ All States (Check "All States" or check individual States)..... □ [AK] □ [AZ] □ [AR] □ [CA] □ [CO] □ [CT] □ [DE] □ [DC] □ [FL] □ [GA] □ [HI] ☐ [AL] \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [MO] □ [IN] □ [IA] □ [MT] □ [RI]

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

B. INFORMATION ABOUT OFFERING

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

	Printing and Engraving Costs			\$	46,823
	Transfer Agent's Fees		 -	₽	
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.		П	e	
	Total		n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Regulation A	·	n/a	<u>\$</u>	n/a
	Rule 505	·	n/a	\$_	n/a
	Type of Offering		Types of Security		Dollar Amount Sold
3.	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.				
	Total (for filings under Rule 504 only)		0	\$	0
	Non-accredited Investors			\$	n/a
	Accredited Investors		Investors 37	\$	of Purchases 700,765,446
			Number		Aggregate Dollar Amount
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."				
	Answer also in Appendix, Column 3, if filing under ULOE		000,000,000	Ψ	700,700,440
	Other (Specify) limited liability company interests Total	\$ \$	900,000,000	<u>\$</u>	700,765,446 700,765,446
	Partnership Interests	. \$	000 000 000	\$	700 707 410
	Convertible Securities (including warrants)			\$	
	☐ Common ☐ Preferred				
	Equity	. \$		\$	
	Debt	. \$		\$	· · · · · · · · · · · · · · · · · · ·
	Type of Security		Aggregate Offering Price		Amount Already Sold

4	b.Enter the difference between the aggregate offering prince and total expenses furnished in response to Part C-Que gross proceeds to the issuer."	stion 4.a. This difference is the "a	djusted	ľ		<u>\$</u>	899,948,	177
5	Indicate below the amount of the adjusted gross proceed used for each of the purposes shown. If the amount for estimate and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set forth in restrictions.	any purpose is not known, furnish he total of the payments listed mu	an st equal					
	,			Paymer Office Directo Affilia	ers, ers &			ents to ners
	Salaries and fees			\$	0		\$	0
	Purchase of real estate			\$	0.		\$	0
	Purchase, rental or leasing and installation of ma	chinery and equipment		\$	0		\$	0
	Construction or leasing of plant buildings and fac			\$	0		\$	0
	Acquisition of other businesses (including the value offering that may be used in exchange for the as	lue of securities involved in this	_			_		
	pursuant to a merger			\$	0	_ 🗆	\$	0
	Repayment of indebtedness			\$. 0		\$	0
	Working capital			\$	0		\$ 899,9	48,177
	Other (specify):			\$	0.		\$	0
				\$	0		\$	0
	Column Totals			\$	0		\$ 899,9	+8,177
	Total payments Listed (column totals added)			Ø] \$ 8	899,94	8,177	
_		D. FEDERAL SIGNATUR	RE			<u>.</u>		
100	is issuer has duly caused this notice to be signed by the unstitutes an undertaking by the issuer to furnish to the U.S. the issuer to any non-accredited investor pursuant to para	Securities and Exchange Comm	n. If this ission, u	notice is filed ur pon written requ	der Rule	505, the	e following si information	gnature furnished
	uer (Print or Type)	Signature C				ate		<u> </u>
	K2 Long Short Fund, LLC	1	<u> </u>		1	Decemb	er 14, 20)5
	me of Signer (Print or Type) phanie Christie	Title of Signer (Print or Type) Chief Financial Officer, K2 Ad	lvisors, l	L.C. ite Mai	naoino '	Member		
				,113 12	INGLING .			
		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 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

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
K2 Long Short Fund, LLC	850	December 14, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Stephanie Christie	Chief Financial Officer, K2 Advisors, L.L.C., its managing m	ember

Instruction:

Print the names 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 not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1		2	3	3 4						
	to non-a investor	I 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)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ									-	
AR										
CA		X	\$900,000,000	2	\$1,500,000	0	\$0		×	
со		х	\$900,000,000	4	\$15,500,000	0	\$0		X	
СТ		х	\$900,000,000	2	\$647,212,455	0	\$0		×	
DE										
DC										
FL		Х	\$900,000,000	1	\$500,000	0	\$0		Х	
GA		Х	\$900,000,000	4	\$2,000,000	0	\$0		×	
HI										
ID										
IL		X	\$900,000,000	7	\$12,100,000	0	\$0		×	
IN		X	\$900,000,000	1	\$2,000,000	0	\$0		×	
IA								-	ļ	
KS										
KY		X	\$900,000,000	1	\$6,952,991	0	\$0		×	
LA	<u> </u>	<u> </u>							<u> </u>	
ME		X	\$900,000,000	1	\$500,000	0	\$0		×	
MD		X	000 000 000	1	¢1 000 000		. 60		-	
MA MI		^	\$900,000,000	1	\$1,000,000	0	\$0		X	
MN									-	
MS				<u> </u>			· · · · · · · · · · · · · · · · · · ·		-	
MO									-	
MT									 	
NE										
NV					·				<u> </u>	
NH									-	
NJ		X	\$900,000,000	2	\$1,500,000	0	\$0		×	
NM									 	

1			3			······································		5		
	2		3		4 Type of investor and Amount purchased in State (Part C – Item 2)					
	Intend to non-ad investors (Part B -	ccredited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)							
State	Yes	No	Limited Liability Company Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		×	\$900,000,000	3	\$1,500,000	0	\$0		X	
NC		Х	\$900,000,000	1	\$500,000	0	\$0		X	
ND										
ОН										
ок										
OR										
PA		Х	\$900,000,000	4	\$5,900,000	0	\$0		х	
RI										
sc		Х	\$900,000,000	1	\$500,000	0	\$0		х	
SD										
TN										
TX		Х	\$900,000,000	2	\$1,600,000	0	\$0		X	
UT										
VT										
VA								<u> </u>		
WA										
wv										
WI										