FORM D



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

1248221

940 7 - 1998

OMB APPROVAL

OMB Number: 3235-0076 Expires: August 31, 1998 Estimated average burden hours per form......16.00



Name of Offering (check if this is an amendment and name has changed, and indicate change.)								
Limited Liability Company Interests								
Filing Under (Check box(es) that apply):	Rule 50)4 🔲 Rule 505		XRule 506	Section 4(6)	ULOE		
Type of Filing:		\mathbf{X} New Filing			☐ Amendment			
	Α.]	BASIC IDENTIFICATION	N DA	ГА				
1. Enter the information requested abou	t the issuer	-						
Name of Issuer (check if this is an ame	ndment and name has cha	nged, and indicate change.)						
HAR-Aspen Trails, LLC								
Address of Executive Offices	(Number a	nd Street, City, State, Zip Co	ode)	Telephone Number (Including Area Code)				
11755 Wilshire Boulevard, 9th Floor, Los Angeles, California 90025 (310) 478-4148								
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)				Telephone Number (Including Area Code)				
same as above]	same as above				
Brief Description of Business real estate development								
Type of Business Organization								
□ corporation □ limited partnership, already formed				X other (please specify); LLC				
☐ business trust	☐ limited partnership, t	o be formed			UEL 3 () 21			
Actual or Estimated Date of Incorporation	or Organization:	Month 11	<u>Y</u> 05	ear 5	THOMSON X ACEINANCIA			
Jurisdiction of Incorporation or Organizat	Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada: FN for other foreign jurisdiction)							

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, 100 F Street, N.E., 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 collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (2-97) 1 of 8)

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:	XPromoter	Beneficial Owner	☐Executive Officer	Director	X General and/or Managing Partner			
Full Name (Last	name first, if individual)							
HAR, LLC	,							
Business or Res	idence Address (Number and : Boulevard, 9 th Floor, Los Ar							
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 Res	idence Address (Number and S	Street, City, State, Zip Code)						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last	name first, if individual)							
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Last	name first, if individual)		· · · · · · · · · · · · · · · · · · ·					
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last	name first, if individual)							
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner			
Full Name (Last	t name first, if individual)				,			
Business or Res	idence Address (Number and !	Street, City, State, Zip Code)						
Check Boxes that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner			
Full Name (Las	t 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 Res	idence Address (Number and	Street, City, State, Zip Code)						

				В.	INFORM	ATION AB	OUT OFFE	RING				
1. Has	the issuer sold, or	does the issu	er intend to					under ULOE			Yes No	<u>x</u>
2. What is the minimum investment that will be accepted from any individual?									\$10,000.	00		
3. Does the offering permit joint ownership of a single unit?								.,	Yes <u>X</u> No _			
soli regi	er the information citation of purcha istered with the SE ker or dealer, you	sers in conne C and/or with	ection with s h a state or s	sales of sec tates, list th	urities in the e name of the	e offering. ne broker or	If a person	to be listed	is an associate	ed person or	agent of a b	roker or dealer
Full Nan	ne (Last name first	, if individual)	-								<u> </u>
	or Residence Add		r and Street,	City, State,	Zip Code)							
Walle of	Associated Dioke	or Dealer										
States in	Which Person Lis	ted Has Solic	ited or Inten	ds to Solici	Purchasers	······································						
(Check '	'All States" or che	ck individual	States)							•••••	•••••	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[LA]	[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]	ប្រញ	[VT]	[VA]	[VA]	[WA]	(WI)	[WY]	[PR]
Full Nar	ne (Last name first	, if individua	1)									
Business	s or Residence Ade	dress (Numbe	r and Street,	City, State,	Zip Code)	····						
Name of	f Associated Broke	r or Dealer		. <u>, .</u>								
States in	Which Person Lis	ted Has Solid	ited or Inten	ds to Solici	t Purchasers			_				
(Check '	"All States" or che	ck individual	States)									All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[LA]	[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]	[VA]	[WV]	[WI]	[WY]	[PR]
Full Nar	me (Last name first	t, if individua	1)	-								
	s or Residence Add	`	and Street,	City, State	Zip Code)							
Name of	f Associated Broke	T OF Dealer										
States in	Which Person Li	sted Has Solid	ited or Inten	ds to Solici	t Purchasers							
(Check	(Check "All States" or check individual States)											
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]

[CT]

[ME]

[NY]

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[OK]

[WI]

[MS]

[OR]

[WY]

[MO]

[PA]

[PR]

[IA]

[NV]

[SD]

[IN]

[NE]

[SC]

[IL]

[MT]

[RJ]

[KS]

[NH]

[TN]

[KY]

[NJ]

[TX]

[LA]

[NM]

[UT]

	Type of Security	Aggregate	Amount Already
		Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify limited liability company interests)	\$ 2,255,000.00	\$ 2,255,000.00
	Total	\$	\$ 2,255,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
	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	Aggregate
		Investors	Dollar Amount
			of Purchases
	Accredited Investors	20:	\$ 2,255,000.00
	Non-accredited Investors		\$
	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	Dollar Amount
		Security	Sold
	Type of Offering		
	Rule 505		\$
	Regulation A	!	S
	Rule 504		\$
	Total		\$
۱.	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	: r	3 s
	Printing and Engraving Costs	_	
	Legal Fees	_	x \$_20,000.00
	Accounting Fees	_	\$
	Engineering Fees.	=	
	Sales Commissions (specify finders' fees separately)		i s
	Other Expenses (Identify) Blue Sky filing fees	_	S 300.00

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

\$ 20,300.00

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS						
 Enter the difference between the aggregate offering price given in in response to Part C - Question 4.a. This difference is the "adjusted and the contract of the	\$ <u>2,234,700.00</u>					
 Indicate below the amount of the adjusted gross proceeds to the issuer If the amount for any purpose is not known, furnish an estimate and payments listed must equal the adjusted gross proceeds to the issuer set 	Payment To					
		Payment to Officers, Directors, & Affiliates	Others			
Salaries and fees	□ \$	□ s				
Purchase of real estate	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ s	X \$2,234,700.00			
Purchase, rental or leasing and installation of machinery and equipment		□ s	□ s			
Construction or leasing of plant buildings and facilities		□ s	□ s			
Acquisition of other businesses (including the value of securities involved in exchange for the assets or securities of another issuer pursuant to a merger	□ s	□ s				
Repayment of indebtedness		□ s	□ \$			
Working capital	□s					
Other (specify):		□ s	□ s			
		□ s	□ s			
Column Totals		□ s	□ s			
Total Payments Listed (column totals added)	\$ 2,234,700.					
	\wedge					
D FF	DERAL SIGNATURE /					
The issuer had duly caused this notice to be signed by the undersigned duly an undertaking by the issuer to furnish to the U.S. Securities and Exchange non-accredited investor pursuant to paragraph (b)(2) of Rule 502.	authorized person. If this notice i Commission, upon written request	s filed under Rule 505, the f of its staff, the information	ollowing signature constitutes furnished by the issuer to any			
Issuer (Print or Type)	Signature	·	Date			
HAR Aspen-Trails, LLC			12-20-05			
Name of Signer (Print or Type)	Title of Signer (Print or Type)		-			
By: HAR, LLC, Manager By: Harvey A. Bookstein	Manager					

ATTENTION

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