FORM D

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

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OMB APPROVAL

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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.) Berkshire Fund VII, L.P.
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
1. Enter the information requested about the issuer
Name of Issuer (☐ check if this is an amendment and name has changed, and indicate change.)
Berkshire Fund VII, L.P.
Address of Executive Offices (Number and Street, City, State Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108 Telephone Number (including Area Code) 617-227-0050
Address of Principal Business Operations (Number and Street, City, State and Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)
Brief Description of Business: Private investment fund
Type of Business Organization Corporation Dusiness trust Imited partnership, already formed Dimited partnership, to be formed Other (please specify): PROCESS
Month Year AUG 3 0 200
Actual or Estimated Date of Incorporation or Organization: 0 6 0 6 🗵 Actual 🗆 Es timated THOMSON
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, 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.

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) Seventh Berkshire Associates LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☒ General and/or Managing Member of General Partner ☐ Managing Partner
Full Name (Last name first, if individual) Lubin,Richard K
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☒ General and/or Managing Member of General Partner
Full Name (Last name first, if individual) Hadley, Christopher
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☒ General and/or Managing Member of General Partner Managing Partner
Full Name (Last name first, if individual) Hamelsky, Lawrence
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☒ General and/or Managing Member of General Partner
Full Name (Last name first, if individual) Jones, Ross M.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☒ General and/or Managing Member of General Partner
Full Name (Last name first, if individual) Peeler, D. Randy
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Director ☒ General and/or Managing Member of General Partner
Full Name (Last name first, if individual) Small, Robert J.
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108

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

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.		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Direct Managing Member of General Partner	tor 🗵	General and/or Managing Partner
Full Name (Last name first, if individual) Callaghan, Kevin T.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Direct Managing Member of General Partner.	tor ⊠	General and/or Managing Partner
Full Name (Last name first, if individual) Wilson, Jane Brock-		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Direct Managing Member of General Partner	tor 🗵	General and/or Managing Partner
Full Name (Last name first, if individual) Bloom, Bradley M.		
Business or Residence Address (Number and Street, City, State, Zip Code)		
c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108	 	77.5
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Direct Managing Member of General Partner	tor ⊠	General and/or Managing Partner
Full Name (Last name first, if individual): Clifford, J. Christopher		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☒ Executive Officer ☐ Direct Managing Member of General Partner	tor 🗵	General and/or Managing Partner
Full Name (Last name first, if individual) Ferenbach, Carl		
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Seventh Berkshire Associates LLC, One Boston Place, Boston, Massachusetts 02108		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Direct	tor 🔲	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 ☐ Direct	tor 🗆	General and/or 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.)

1 Table	Mark Marks		15	В.	INFORMA	TION ABOU	JT OFFERI	NG				
1. Has th	ne issuer solo	d, or does th	e issuer inte	end to sell, t	o non-accre	dited invest	ors in this o	ffering?			Yes	No ⊠
							,					
2. What	is the minimu	ım investme	ent that will b	e accepted	from any in	dividual? (s	ubject to	waiver)			\$10,0	000,000
3. Does	the offering p	ermit joint o	wnership of	a single un	nit?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•••••	Yes ⊠	No □
comm persor states	the informatission or sime to be listed to list the name or dealer, yet the transfer or dealer, yet the transfer or dealer, yet the transfer to the transfer to the transfer transfer to the transfer tra	ilar remune is an asso ne of the bro	ration for sol ciated perso oker or deale	licitation of n or agent er. If more	purchasers i of a broker i than five (5	in connectio or dealer re) persons to	n with sales gistered wit be listed a	of securities of securities of the SEC a	s in the offe and/or with a	ring. If a		
Full Name	(Last name	first, if indiv	idual)	•						_		
Business	or Residence	e Address (N	Number and	Street, City	, State, Zip	Code)						
Name of A	Associated B	roker or Dea	aler									
	Which Person								<u> </u>			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	e (Last name	first, if indiv	idual)									
	or Residence	·		Street, City	, State, Zip	Code)						
Name of A	Associated B	roker or Dea	aler									
	Which Person All States" or											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] e (Last name	[SD]	[TN]	[TX]	[UT]	[(VT)	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
T GII TTGITTC	CLUST HAINE	mot, n mare	iodai)									
Business	or Residence	Address (I	Number and	Street, City	, State, Zip	Code)						
Name of	Associated B	roker or De	aler									
Chates in t	A/hiah Dans	n Links - Li-	Catinit- I	· Intord- /-	Callata D	h = = o vc		.				
	Which Perso 'All States" or						····	******************	•••••••••••••••••••••••••••••••••••••••			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]	[VVV]	[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

 Enter the aggregate offering price of securities included in this offering and the to already sold. Enter "0" if answer is "none" or "zero." If the transaction is an offering, check this box and indicate in the columns below the amounts of the offered for exchange and already exchanged. 	exchange			
Type of Security		Aggregate Offering Price		Amount Already Sold**
Debt	\$	•	\$	
Equity				·
□ Common □ Preferred	Ψ_		-	
Convertible Securities (including warrants)	\$		\$	
Partnership Interests	_		Ψ- \$	1 804 270 000
	\$		\$- \$	1,004,210,000
Other (Specify) Total	~ -		_	4 904 270 000
Answer also in Appendix, Column 3, if filing under ULOE.	- -		Д	1,004,270,000
aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate purchased securities and the aggregate dollar amount of their purchases on the total I or "zero."	•			Aggregate Dollar Amount of Purchases
Accredited Investors		68	\$_	1,804,270,000
Non-accredited Investors		0	\$_	0
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 to date, in offerings of the types indicated, in the twelve (12) months prior to the first sa Classify securities by type listed in Part C-Question 1.		this offering.		
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 disoffering. Exclude amounts relating solely to organization expenses of the issuer. Subject to future contingencies. If the amount of an expenditure is not known, furnist to the left of the estimate.	The information n	nay be given as		
Transfer Agent's Fees			\$_	0
Printing and Engraving Costs			\$_	0
Legal Fees		X	\$_	150,000
Accounting Fees			\$_	0
Engineering Fees			\$_	0
Sales Commissions (specify finders' fees separately)	***************************************		\$_	00
Other Expenses (identify)	•••••		\$_	0
Total	***************************************	⊠	\$	150,000

	C. OFFERING PRICE, NUMBER OF I	NVESTORS, EXPENSES A	٩NI	USE	OF PROCEEDS	3	- Committee of the Comm
	 Enter the difference between the aggregate offering pri Question 1 and total expenses furnished in response to difference is the "adjusted gross proceeds to the issuer." 	Part C - Question 4.a. T	This			×	\$ Indeterminate
5.	Indicate below the amount of the adjusted gross proceeds to be used for each of the purposes shown. If the amount furnish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceed response to Part C - Question 4.b. above.	for any purpose is not known e estimate. The total of	wn, the				
				Of	Payments to ficers, Directors, & Affiliates		Payments To Others
	Salaries and Fees		X	\$	*		l \$
	Purchase of real estate			\$			1 \$
	Purchase, rental or leasing and installation of machinery an	d equipment		\$			1 \$
	Construction or leasing of plant buildings and facilities					_	1 \$
	Acquisition of other businesses (including the value of secu offering that may be used in exchange for the assets or issuer pursuant to a merger)	securities of another		•		_] \$
		•				_	
	Repayment of indebtedness] \$
	Working capital			-] \$
	Other (specify) Investment in Securities			\$ <u> </u>	,	-	1 \$ Indeterminate
	Column Totals		X	\$	*	<u> </u>	1 \$ Indeterminate
	Total Payments Listed (column totals added)		••••		⊠ \$	Ind	leterminate
	Superior D	FEDERAL SIGNATURE					Service of production of the service
si	ne issuer has duly caused this notice to be signed by the un- gnature constitutes an undertaking by the issuer to furnish to formation furnished by the issuer to any non-accredited inves	the U.S. Securities and Ex	cch:	ange (Commission, upo		
Ber By: Ge	kshire Fund VII, L.P. Seventh Berkshire Associates LLC, neral Partner	Signature	\		<u> </u>		Date August/4, 2006
Nar	ne (Print or Type) Richard K. Lubin	Title (Print or Type)		Mai	naging Directo	or	
	ne Management Fee, payable semi-annually in adv 6) per annum of the aggregate Capital Commitme	_	tw	o per	cent		
	Intentional misstatements or omissions of	ATTENTION	mi	al vic	slations (Sec. 1	Q 11 (S.C. 1001)