1273/40 **OMB APPROVAL** FORM D OMB Number:.....3235-0076 UNITED STATES Expires: April 30, 2008 SECURITIES AND EXCHANGE COMMISSION Estimated average burden Washington, D.C. 20549 hours per form16.00 FORM D ECLISE ONLY NOTICE OF SALE OF SECURITIES RECEIVE Serial PURSUANT TO REGULATION D, SECTION 4(6), AND/OR 2 1₁2006 UNIFORM LIMITED OFFERING EXEMPTIC CEIVED Name of Offering (C) theck if this is an amendment and name has changed, and indicate change.) Issuance of Limited Partnership Interests of Pacific Atlantic Master Fund, L.P. □ ULOE Rule 506 ☐ Section 4(6) ☐ Rule 505 Filing Under (Check box(es) that apply): □ Rule 504 Type of Filing: ■ New Filing A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer check if this is an amendment and name has changed, and indicate change. Name of Issuer Pacific Atlantic Master Fund, L.P. THOMSON Telephone Number (including Area Code) (Number and Street, City, State, Zip Code) Address of Executive Offices c/o Pacific Alternative Asset Management Company, LLC, 19540 Jamboree Rd, Suite 400, Irvine, (949) 261-4900 California 92612 Telephone Number (Including Area Code) (Number and Street, City, State, Zip Code) Address of Principal Offices (if different from Executive Offices) **Private Investment Company** Brief Description of Business: Type of Business Organization

GENERAL INSTRUCTIONS

corporation

☐ business trust

Actual or Estimated Date of Incorporation or Organization:

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).

Ilmited partnership, already formed

limited partnership, to be formed

other (please specify)

Ν

☐ Estimated

Year

0

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sate 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.

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

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.

SEC 1972 (5-05)

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1 of 8

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Each beneficial own Each executive office	ne issuer, if the iss ner having the pov cer and director o	suer has been organized wi wer to vote or dispose, or di			a class of equity securities of the issuer; rtnership 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):	Pacific Atlantic GP, I	Inc.		
Business or Residence Add Jamboree Rd, Suite 400, I			de): c/o Pacific Alterna	ative Asset Manaç	gement Company, LLC, 19540
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual):	Patricia Watters			
Business or Residence Add Jamboree Rd, Suite 400, In			de): c/o Pacific Alterna	ative Asset Manag	gement Company, LLC, 19540
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual):	Pacific Atlantic Hedg	ged Strategies, SPC - EUR	Portolio	
Business or Residence Add Jamboree Rd, Suite 400, Ir			de): c/o Pacific Alterna	tive Asset Manag	gement Company, LLC, 19540
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	if individual):	Pacific Atlantic Hedo	ged Strategies, SPC - STG	Portolio	
Business or Residence Addi Jamboree Rd, Suite 400, Ir			de): c/o Pacific Alterna	ative Asset Manag	gement Company, LLC, 19540
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Pacific Hedged Strat	egies, LLC		
Business or Residence Addr Jamboree Rd, Suite 400, Ir			de): c/o Pacific Alterna	tive Asset Manag	ement Company, LLC, 19540
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Pacific Tradewinds F	Fund, Ltd.	· · · · · · · · · · · · · · · · · · ·	
Business or Residence Addr Jamboree Rd, Suite 400, In			de); c/o Pacific Alterna	tive Asset Manag	ement Company, LLC, 19540
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, it	individual):	,			
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	f individual):				
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le):		
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 self, to non-accredited investors in this offering?..... ☐ Yes ☐ No Answer also in Appendix, Column 2, if filing under ULOE. \$1,000,000* What is the minimum investment that will be accepted from any individual?..... May be waived Does the offering permit joint ownership of a single unit?..... ☑ 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 (KS) \square (KY) \square (LA) \square (ME) \square (MD) \square (MA) \square (MI) \square (MN) \square (MS) \square (MO) □ (IA) ☐ [MT] ☐ [NE] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA] \square [SC] \square [SD] \square [TN] \square [UT] \square [UT] \square [VA] \square [WA] \square [WV] \square [WI] \square [WY] \square [PR] 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 (KS) \square (KY) \square (LA) \square (ME) \square (MD) \square (MA) \square (MI) \square (MN) \square (MS) \square (MO) ☐ [MT] ☐ [NE] \square [NY] \square [NH] \square [NJ] \square [NM] \square [NY] \square [NC] \square [ND] \square [OH] \square [OK] \square [OR] \square [PA] 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 □ [AL] □ [AK] □ [AZ] □ [AR] □ [CA] □ [CO] □ [CT] □ [DE] □ [DC] □ [FL] □ [GA] □ [HI] · \square [KS] \square [KY] \square [LA] \square [ME] \square [MD] \square [MA] \square [MI] \square [MN] \square [MS] \square [MO] □ (IN) □ [IA] □ [MT] ☐ [NE] ☐ [NV] \square (NH) \square (NJ) \square (NM) \square (NY) \square (NC) \square (ND) \square (OH) \square (OK) \square (OR) \square (PA) □ [RI]

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

B. INFORMATION ABOUT OFFERING

3 of 8

COFFERING PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if 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	Aggregate Offering Price	Amount Already Sold
	Debt	. \$	\$
	Equity	. \$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	. <u>\$</u>	\$
	Partnership Interests	\$	<u>\$</u>
	Other (Specify)Limited Partnership Interests)	\$ 900,000,000	\$ 524,052,018
	Total	\$ 900,000,000	\$ 524,052,018
	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	4	\$ 524,052,018
	Non-accredited Investors		<u>\$</u>
	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	Types of	Dollar Amount
		Security	Sold
	Rule 505		<u> </u>
	Regulation A		<u> </u>
	Rule 504		\$
	Total		<u>\$</u>
•	 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		\$
	Printing and Engraving Costs		\$
	Legal Fees	🛮	\$ 81,409
	Accounting Fees		\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify))		\$
	Total		\$ 81,409

gross proceeds to the issuer."	orice given in response to Part C-C lestion 4.a. This difference is the "	adjusted				<u> </u>	899,5	018,591
Indicate below the amount of the adjusted gross process 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 re	eds to the issuer used or proposed r any purpose is not known, furnisl The total of the payments listed m	to be n an ust equal	•				_	
	••			Payments t Officers, Directors 8			Pi	ayments to Others
Salaries and fees			\$	Affiliates	0		\$	0
Purchase of real estate			\$		0		\$	0_
Purchase, rental or leasing and installation of m	achinery and equipment		<u>\$</u>		0		\$	00
Construction or leasing of plant buildings and fa	cilities		\$	<u> </u>	0		\$	0
Acquisition of other businesses (including the va offering that may be used in exchange for the at		er	\$	· · · · · · · · · · · · · · · · · · ·	0		\$	0
pursuant to a mergerRepayment of indebtedness	************************************		\$		0		\$	0
Working capital	,		\$		0	×	\$ 89	99,918,591
Other (specify):			\$		0		\$	0_
			\$		0		\$	0
Column Totals			\$		0	Ø	\$ 89	99,918,5 <u>9</u> 1
Total payments Listed (column totals added)				⋈	\$ 89	99,9	18,59	<u>1</u>
i	D. FEDERAL SIGNATU							
This issuer has duly caused this notice to be signed by the				IIICU UIIUCI				
constitutes an undertaking by the issuer to furnish to the U. by the issuer to any non-accredited investor pursuant to pa	S. Securities and Exchange Commagage (b)(2) of Rule 502.	nission, upor	writte	en request o	of its st	aff, the	informa	tion furnished
by the issuer to any non-accredited investor pursuant to pa	S. Securities and Exchange Commagraph (b)(2) of Rule 502. Signature	nission, upor	writte	en request o	of its st	aff, the	informa	tion furnished
by the issuer to any non-accredited investor pursuant to pa	S. Securities and Exchange Commagage (b)(2) of Rule 502.	nission, upor	writte	en request o	of its st	aff, the	informa	, 2006
by the issuer to any non-accredited investor pursuant to pa Issuer (Print or Type) Pacific Atlantic Master Fund, L.P.	S. Securities and Exchange Commagraph (b)(2) of Rule 502. Signature	nission, upor	n writte	en request o	Dat	eff, the	e informa	, 2006
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by the issuer to any non-accredited investor pursuant to pa Issuer (Print or Type) Pacific Atlantic Master Fund, L.P. Name of Signer (Print or Type)	S. Securities and Exchange Commagraph (b)(2) of Rule 502. Signature Title of Signer (Print or Type) Director of Pacific A	nission, upor	n writte	en request o	Dat	eff, the	e informa	, 2006
by the issuer to any non-accredited investor pursuant to pa Issuer (Print or Type) Pacific Atlantic Master Fund, L.P. Name of Signer (Print or Type)	S. Securities and Exchange Commagraph (b)(2) of Rule 502. Signature Title of Signer (Print or Type) Director of Pacific A	nission, upor	n writte	en request o	Dat	eff, the	e informa	, 2006
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by the issuer to any non-accredited investor pursuant to pa Issuer (Print or Type) Pacific Atlantic Master Fund, L.P. Name of Signer (Print or Type)	S. Securities and Exchange Commagraph (b)(2) of Rule 502. Signature Title of Signer (Print or Type) Director of Pacific A	nission, upor	n writte	en request o	Dat	eff, the	e informa	, 2006

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
Pacific Atlantic Master Fund, L.P.	Atticia Matters	December 20, 2006
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Patricia Watters	Director of Pacific Atlantic, GP, Ltd., i	ts General Partner

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

1		2	3			4		5	
State	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E - Item 1)				
	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		·		<u> </u>					
AK									
AZ							······································		
AR							· · · · · ·		
CA		х	900,000,000	3	\$424,849,838	0	\$0		х
СО									
СТ									
DE									
DC									
FL									
GA									
HI									
ID				···-·					<u> </u>
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KY				· · · · · · · · · · · · · · · · · · ·					ļ
LA									<u> </u>
ME									
MD									
MA					-				
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NM							·		

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,	to non-a	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 Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY	 									
NC										
ND										
ОН		i								
ок		-								
OR										
PA		,								
RI										
sc		!:					·		ļ	
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TX		1				,	· · ·			
UT		·								
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VA									<u> </u>	
WA		· ·					·			
WV		 					·		<u> </u>	
WI										
WY									<u> </u>	
Non i US		X	900,000,000	. 1	\$99,202,180	0	\$0		X	