1064276





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**

OMB APPI	ROVAL
OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated avera	age burden
	OMB APPI OMB Number: Expires: Estimated avera

OMB Number:	3235-0076
Expires:	May 31, 2005
Estimated average	age burden
hours per respo	nse16.00

SEC USE ONLY

DATE RECEIVED

Prefix

ر.	UNIFORM LIMITED OFFERING EXEM	PHON
Name of Offering (check if	this is an amendment and name has changed, and indicate change.)	NAII (2)
Rustic Partners, L.P.: Offerin	ng of Limited Partnership Interests	RECEIVED
Fifing Under (Check box(es) that app		A PACOF
Type of Filing: New Filing	Amendment	JAN 3 U 2007
	A. BASIC IDENTIFICATION DATA	
1. Enter the information request	ed about the issuer	10 10
Name of Issuer (check if this	is an amendment and name has changed, and indicate change.)	186 555
Rustic Partners, L.P.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (including Area Code)
2400 Broadway, Suite 220,	Santa Monica, California 90404	(310) 573-8494
Address of Principal Business Ope		Telephone Number (Including Area Code)
(if different from Executive Offices Same as executive offices.		
Brief Description of Business		-'
Securities investment		
Securites in vestillen		1 <u>1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>
Type of Business Organization		07042739
corporation		please spe
business trust	limited partnership, to be formed	
	Month Year	
Actual or Estimated Date of Incom		imated
Jurisdiction of incorporation of Or	ganization: (Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	:: [6][A]
	Civior Canada, 177 for other foreign jurisdiction)	(C-\$/2)

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.

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.

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.

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. ☐ Beneficial Owner ☐ Director Executive Officer General and/or Check Box(es) that Apply: ☐ Promoter \mathbf{x} Managing Partner Full Name (Last name first, if individual) Ryan Capital Management, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 2400 Broadway, Suite 220, Santa Monica, California 90404 Check Box(es) that Apply: Beneficial Owner x Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Ryan, David M. (LLC Manager) Business or Residence Address (Number and Street, City, State, Zip Code) 2400 Broadway, Suite 220, Santa Monica, California 90404 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 Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Executive Officer General and/or Promoter Beneficial Owner Director 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: Beneficial Owner Executive Officer Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or **Executive Officer** Director Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner **Executive Officer** Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				В.	INFORMA	TION ABO	OUT OFFER	RING				
I II dha	: del	ld on door	the issuer	intand to a	sall to non	aggradita	l investors	in this off	anima)		Yes	No
1 . Has the	issuer so	id, or does					n 2, if filin					X
2. What is	the minin	num invest						_			§ 250	*00.000
					·='	=	um investm		************		Yes	No
3. Does th							•					
If a pers or states a broker	sion or sim on to be li i, list the m r or dealer	nilar remun sted is an a ame of the r, you may	eration for ssociated p broker or d set forth th	solicitatior erson or ag ealer. It me	i of purcha: gent of a bro ore than fiv	sers in com oker or dea e (5) perso	I be paid or nection with ther register ons to be list or dealer or	h sales of sed with the ted are asse	ecurities in SEC and/	the offeri or with a s	ng. tate	
Full Name	(Last nam	e first, if in	dividual)									
Business o	r Residenc	e Address	(Number a	nd Street, C	City, State,	Zip Code)						
Name of A	ssociated	Broker or	Dealer			····						
States in W	Vhich Pers	on Listed l	las Solicite	ed or Inten	ds to Solic	it Purchase	ers	-				
(Chec	k "All Stat	tes" or chec	k individua	d States)			· · · · · · · · · · · · · · · · · · ·					All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [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 Name Business o				and Street,	City, State	. Zip Code)					
Name of A	ssociated	Broker or I	Dealer									
States in V	Vhich Pers	on Listed	Has Solicit	ed or Inter	nds to Solic	it Purchase	2rs				· · · · · ·	
(Chec	k "All Star	tes" or chec	k individua	il States)							🔲 🗸	All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [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 Name	(Last nam	e first, if in	dividual)									
Business o	r Residen	ce Address	(Number a	and Street,	City, State	, Zip Code)					
Name of A	ssociated	Broker or	Dealer									
States in V	Which Pers	son Listed	Has Solicit	ed or Inter	nds to Solic	it Purchas	ers					
(Chec	k "All Sta	tes" or chec	k individua	al States)								All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	(AR) (KS) (NH) (TN)	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [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]

OFFERING 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 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	Aggregate Offering Price		Amount Already Sold
	Debt	\$ <u>0.00</u>	_	\$ 0.00
	Equity	\$ 0.00		\$ 0.00
	Common Preferred			
	Convertible Securities (including warrants)	\$ <u>0.00</u>		\$_0.00
	Partnership Interests	\$ 200,000,000.00		\$ 45,794,369.71
	Other (Specify)	S N/A		\$ N/A
	Total		_	\$ 45,794,369.71
	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 "O" if answer is none" or "zero."	>		Agurarata
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	107	_	\$ 45,794,369,71
	Non-accredited Investors	0	_	\$ <u>0.00</u>
	Total (for filings under Rule 504 only)	N/A	_	\$ N A
	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.	S		
		Type of		Dollar Amount
	Type of Offering	Security		Sold
	Rule 505	N/A	_	\$ N/A
	Regulation A	N/A	_	\$ N/A
	Rule 504	N/A	_	§ N/A
	Total	N/A	_	\$ <u>N/A</u>
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.			
	Transfer Agent's Fees		X	\$_0.00
	Printing and Engraving Costs		X	\$_0.00
	Legal Fees		X	\$_25,000.00
	Accounting Fees		×	\$_0.00
	Engineering Fees		×	\$_0.00
	Sales Commissions (specify finders' fees separately)		×	\$ 0.00
	Other Expenses (identify) Misc. operating expenses		\mathbf{z}	\$_5,000.00
	Total		<u>网</u>	\$_30,000.00

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	ISE OF PROCEEDS	
b. Enter the difference between the aggregate offering price given in response to Part C-Qu and total expenses furnished in response to Part C-Question 4.a. This difference is the "adjusted proceeds to the issuer."	ed gross	\$ <u>199,970,000.00</u>
Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be each of the purposes shown. If the amount for any purpose is not known, furnish an estir check the box to the left of the estimate. The total of the payments listed must equal the adjust proceeds to the issuer set forth in response to Part C-Question 4.b above.	nate and	
	Payments to Officers. Directors, & Affiliates	Payments to Others
Salaries and fees		\$ 0.00
Purchase of real estate	\$ <u>0.00</u>	\$ 0.00
Purchase, rental or leasing and installation of machinery and equipment	🔀 \$_0.00	_ × \$_0.00
Construction or leasing of plant buildings and facilities	\$ <u>0.00</u>	S 0.00
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	🔀 \$ ^{0.00}	▼ \$ 0.00
Repayment of indebtedness	_	X S 0.00
Working capital	_	\$\frac{199,970,000.00}{\text{\$\color{1}}}\$
Other (specify):	<u> </u>	S 0.00
	x \$_0.00	S_0.00
Column Totals	\$_0.00	<u> \$ 199,970,000.00</u>
Total Payments Listed (column totals added)	\$ 10	9,970,000.00
D. FEDERAL SIGNATURE		

Issuer (Print or Type)	Signature	Date /
Rustic Partners, L.P.	Danio M. Rya	1/19/07
Name of Signer (Print or Type)	Title of Signer (Print or Type)	/
David M. Ryan	Manager of Ryan Capital Management, I	LLC, the General Partner of the Issue

- ATTENTION -

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

1.	Is any party described in 17 CFR 230.2 provisions of such rule?	62 presently subject to any of the disqual		Yes No	
		See Appendix, Column 5, for state resp	onse.		
2.	The undersigned issuer hereby undertake D (1 7 CFR 239,500) at such times as re-	s to furnish to any state administrator of an quired by state law.	y state in which this notice is file	ed a notice on Form	a
3.	The undersigned issuer hereby undertal issuer to offerees.	tes to furnish to the state administrators,	upon written request, informatio	on furnished by the	e
4.	limited Offering Exemption (ULOE) of	he issuer is familiar with the conditions to the state in which this notice is filed and unablishing that these conditions have been	nderstands that the issuer claimi		
	ner has read this notification and knows the thorized person.	contents to be true and has duly caused this	s notice to be signed on its behalf	by the undersigned	d
Issuer (I	Print or Type)	Signature	Date		
Rustic	Partners, L.P.	Donnel M. Rya Title (Print or Type)	1/19/0	クチ	
	Print or Type)	Title (Print or Type)			_
David	M. Ryan	Manager of Ryan Capital Mana	gement, LLC, the General Pa	artner of the Issue	er

E. STATE SIGNATURE

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.

				ΑI	PPENDIX				
!	Intend to non-a	to sell ceredited s in State ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of security and aggregate offering price Type of investor and offered in state amount purchased in State					ification ate ULOE attach ation of granted) Item 1)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
АК									
AZ									
AR									
CA	_	X	\$200,000,000.00	76	\$28,789,568,93				×
СО				ļ					
ст					ļ				
DE									
DC									
FL		X	\$200,000,000.00	6	\$5,137,334,45				X
GA		X	\$200,000,000.00	1	\$220,000,00				X
HII									
ID									
IL.		X	\$200,000,000.00	5	\$1,135,375,33				X
IN		X	\$200,000,000.00	1	\$300,000.00				X
lA						,			
KS									
KY									
LA									
МЕ									
MD									
МА									
МІ		X	\$200,000,000.00	ı	\$300,000.00				×
MN									
MS									

	,*			APP	ENDIX		· · - · ·		
l	2 3 Type of security and aggregate offering price offered in state (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)				amount pu	4 Cinvestor and rchased in State C-Item 2)		under Sta (if yes, explan	ation of granted)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО								 	
мт								<u> </u>	I <u></u>
NE									
NV		X	\$200,000,000,00	1	\$91,000.00				X
NH		, · · · · ·							
NJ		X	\$200,000,000,00	2	\$2,926,863,00				×
NM		.,-,-							·
NY		X	\$200,000,000,00	3	\$1,770,913.52				X
NC		X	\$200,000,000.00	2	\$657.814.47				X
ND									
OH		X	\$200,000,000.00	1	\$250,000.00				X
ок									
OR									
PA									
RI									
SC									
SD									
TN		×	\$200,000,000.00	5	\$2,400,000.00				×
ΤX		X	\$200,000,000.00	1	\$250,000.00				X
UT									1
VT									
VA		×	\$200,000,000.00	2	\$1,500,000.00				X
WA									
wv									
WI									

				APPI	ENDIX				
1	Type of security Intend to sell and aggregate to non-accredited offering price investors in State (Part B-Item 1) (Part C-Item 1)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Itern 1)				
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
PR									_

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