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

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OMB NUMBER:	3235-0076	
Expires: Estimated average	May 30, 2005	
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	DATE RECEIVED	

Name of Offering (□ check if this is an amendment and name has changed, and indicate change.)					
Class A Non-Voting, Redeemable, Participating	Shares				
Filing Under (Check box(es) that apply):	□ Rule 504 □ Rule 505 ■ Rule 506 □ Section	4(6) □ ULOE			
Type of Filing: ■ New Filing			The state of the s		
	A. BASIC IDENTIFICATION DATA	1	R. F.		
1. Enter the information requested about the issuer		f	EB 28 2007)		
Name of Issuer (check if this is an amendment an	nd name has changed, and indicate change.)		. (8)		
Woodrow Partners, Ltd.			· 15/8/		
Address of Executive Offices (Number and S	treet, City, State, Zip Code)	Telephone Number (Inclu	ding Arca Code)		
c/o Citco Fund Services (Curação) N.V.,		599-9 732 2222	•		
Kaya Flamboyan 9, P.O. Box 4774, Curação, Netherlands Antilles			PPOCEOGE		
Address of Principal Business Operations (if	(Number and Street, City, State, Zip Code)	Telephone Number (Inclu	ESSED		
different from Executive Offices)	(Tullior and Street, City, State, 21p Code)	reteptione reamoer (meta	unig Aica code)		
Brief Description of Business:		•	MAR 0 6 2007		
Investment Vehicle			THOMSCOM		
Type of Business Organization			FINANCIAL		
□ corporation	☐ limited partnership, already formed	■ other (please specify):	A British Virgin Tshinds		
□ business trust	☐ limited partnership, to be formed	International Business C	Company		
	Month Year				
Actual or Estimated Date of Incorporation or Organization 10/95 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:					
Canada de la casa de l	CN for Canada; FN for other foreign jurisdiction)	FN			

GENERAL INSTRUCTIONS

Federa

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 USC 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.

When 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 a 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								
 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) Daftary, Manu P.				,				
	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) Bernheim, Antoine								
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)					
c/o Dome Capital Management, Inc.	•	, , , , , , , , , , , , , , , , , , , ,	,					
405 Park Avenue Suite 500, New York,	NY 10022							
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 S	treet, City, State, Zip Coo	le)					
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 S	treet, City, State, Zip Coo	le)					
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 S	Street, City, State, Zip Co	de)					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)					B concin man of managing rasmo			
Business or Residence Address	(Number and S	Street, City, State, Zip Co	de)					
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 Co	de)					
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if individual)			Discount Officer	<u> </u>	d Seattle and of Managing Farmer			
Business or Residence Address	(Number and	Street, City, State, Zip Co	de)					

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

	B. INFORMATION ABOUT OFFERING					
		Yes	No			
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	ū	•			
2.	Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?					
	That is the mannam in estiment that this of decepted from any marriadar.	Yes	500,000 No			
3.	Does the offering permit joint ownership of a single unit?	8				
4.	4. 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)					
	ness or Residence Address (Number and Street, City, State, Zip Code)					
Nam	e of Associated Broker or Dealer					
State	s in which Person Listed Has Solicited or Intends to Solicit Purchasers					
	(Check "All States" or check individual States)	All States				
_ [A _ [] _ [N _ [F	L]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]			
Full	name (Last name first, if individual)		•			
Busin	ness or Residence Address (Number and Street, City, State, Zip Code)					
Nam	e of Associated Broker or Dealer					
State	s in which Person Listed Has Solicited or Intends to Solicit Purchasers					
	(Check "All States" or check individual States)	All States				
A]_ I]_ N]_ F]_	L] _ [IN] _ [IA] _ [KS] _ [KY] _ [LA] _ [ME] _ [MD] _ [MA] _ [MI] _ [MN] MT] _ [NE] _ [NV] _ [NH] _ [NJ] _ [NM] _ [NY] _ [NC] _ [ND] _ [OH] _ [OK]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]			
Full	Name (Last name first, if individual)					
Busir	ness or Residence Address (Number and Street, City, State, Zip Code)		<u> </u>			
Name	e of Associated Broker or Dealer					
State	s in which Person Listed Has Solicited or Intends to Solicit Purchasers					
	All States					
A]_ [] _[N _[R]	L] _ [IN] _ [IA] _ [KS] _ [KY] _ [LA] _ [ME] _ [MD] _ [MA] _ [MI] _ [MN] MT] _ [NE] _ [NV] _ [NH] _ [NJ] _ [NM] _ [NY] _ [NC] _ [ND] _ [OH] _ [OK]	_ [HI] _ [MS] _ [OR] _ [WY]	_ [ID] _ [MO] _ [PA] _ [PR]			

C. 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 answer is "none" or "zero." If the transaction is an exchange offering, check this box upand indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	Amount Already Sold
	Type of Security		
	Debt	\$	\$
	Equity	\$	s
	□ Common □ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify) Class A Non-Voting, Redeemable, Participating Shares	\$Indefinite	\$ <u>0</u>
	Total	\$Indefinite	\$ <u>0</u>
	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 of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	0	\$ <u>0</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE		<u> </u>
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	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		<u> </u>
			3
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	0	\$
	Printing and Engraving Costs	0	\$
	Legal Fees		\$
	·		•
	Accounting Fees		3
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	٥	\$
	Other Expenses (identify)		\$
	Total	٥	\$ <u> </u>

	C. OFFERING P	RICE, NUMBER OF INVESTORS, I	EXPENSES AN	D USE OF PROCEEDS	- · ·	
	b. Enter the difference between the aggregate o I and total expenses furnished in response to Pa "adjusted gross proceeds to the issuer."	at $C - Ouestion 4.a$ This difference is a	the			SIndefinite
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set, forth in response to Part C – Question 4.b above.					
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees			\$	D	\$
	Purchase of real estate			\$		\$ _
	Purchase, rental or leasing and installation of ma	chinery and equipment	0	\$		s
	Construction or leasing of plant buildings and fa-		0	\$		\$ \$
	Acquisition of other business (including the valu that may be used in exchange for the assets or se	e of securities involved in this offering	J	*	ь	<u> </u>
	merger)	,	0	\$		\$
	Repayment of indebtedness		0	\$		\$ _
	Working capital			\$		\$
	Other (specify): <u>investments, organizational ex</u> (<u>including management, legal, administrative</u>	penses and operating expenses and accounting expenses)	D	\$	-	\$ <u>Indefinite</u>
			_ _ _	\$	0	\$
	Column Totals			\$		\$Indefinite
	Total Payments Listed (column totals added)			aı S <u>I</u>	ndefinite	
		D. FEDERAL SIGNAT	URE			
an u	ssuer has duly caused this notice to be signed by the dertaking by the issuer to furnish to the U.S. Secuniceredited investor pursuant to paragraph (b)(2) of	rities and Exchange Commission upon	If this notice is written request	filed under Rule 505, the f of its staff, the information	ollowing s	signature constitutes by the issuer to any
Issue	r (Print or Type)	Signature		Date	·-	
Wo	odrow Partners, Ltd.	M. Dafter	~	2/26/8	7	

ATTENTION

Title of Signer (Print or Type)

Director

Name of Signer (Print or Type)

Manu P. Daftary

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

