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

OMB API	PROVAL
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Enter the information requested about	☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ S Amendment A. BASIC IDENTIFICATION DATA	Section 4(6) ULOPROCESSED
	A. BASIC IDENTIFICATION DATA	
		Ann
	the issuer	F X JUL 2 0 2007
Name of Issuer (Check if this is an a Advent Latin American Private Equity Fu	mendment and name has changed, and indicate change.) and IV-F Limited Partnership	THOMSON
Address of Executive Offices c/o Advent International Corporation, 75	(Number and Street, City, State, Zip Code) State Street, Boston, Massachusetts 02109	Telephone Number (Including Area Colle-
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business To provide risk capital for, and make inve	stments in the securities of, privately held and other busine	1 310
Type of Business Organization □ corporation		E
business trust	☐ limited partnership, already formed☐ ☐ o☐ limited partnership, to be formed☐ ☐ o☐ Imited partnership.	ther (please specify):
Actual or Estimated Date of Incorporation Jurisdiction of Incorporation or Organizat	or Organization: O 6 Month 0 6 O 7 O 7 O 7 O 7 O 8 O 7 O 8 O 9 O 9 O 9 O 9 O 9 O 9 O 9	M Actual D Estimated

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 ct 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 state 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.

Full Name (Last name first, if individual) Advent International Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 75 State Street, Boston, Massachusetts 02109 Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	□ General and/or ○ Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) c/o Advent International Corporation, 75 State Street, Boston, Massachusetts 02109 Check Box(es) that Apply:	Full Name (Last name first, if ind	ividual)				
C/o Advent International Corporation, 75 State Street, Boston, Massachusetts 02109 Check Box(es) that Apply:	LAPEF IV GP Limited Partnershi	р				
Check Box(es) that Apply:	Business or Residence Address	(Numb	er and Street, City, State, Z	ip Code)		
Full Name (Last name first, if individual) Advent International Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 75 State Street, Boston, Massachusetts 02109 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: 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: 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: 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: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner	c/o Advent International Corporat	ion, 75 State Stree	t, Boston, Massachusetts 0	2109		
Advent International Corporation Business or Residence Address (Number and Street, City, State, Zip Code) 75 State Street, Boston, Massachusetts 02109 Check Box(es) that Apply:	Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Business or Residence Address (Number and Street, City, State, Zip Code) 75 State Street, Boston, Massachusetts 02109 Check Box(es) that Apply:	Full Name (Last name first, if ind	ividual)				
75 State Street, Boston, Massachusetts 02109 Check Box(es) that Apply:	Advent International Corporation					
Check Box(es) that Apply:	Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
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 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: 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: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual)	75 State Street, Boston, Massachu	setts 02109				
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Check Box(es) that Apply:	Full Name (Last name first, if ind	ividual)				
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Business or Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:						
Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Check Box(es) that Apply:	Full Name (Last name first, if ind	ividual)				
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 Residence Address	(Numb	er and Street, City, State, 2	Lip Code)		
Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply:	Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	
Check Box(es) that Apply:	Full Name (Last name first, if ind	ividual)		·		Managing Partner
Check Box(es) that Apply:						
Full Name (Last name first, if individual) Managing Partner	Business or Residence Address	(Numb	er and Street, City, State, 2	Cip Code)		
Full Name (Last name first, if individual)	Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	
Business or Residence Address (Number and Street, City, State, Zip Code)	Full Name (Last name first, if ind	ividual)				
	Business or Residence Address	(Numb	er and Street, City, State, Z	Lip Code)		,

				B. INF	ORMATIC	ON ABOU	r offeri	NG				
1. Has the is:	suer sold o	r does the is	ssuer intend	I to sell to i	non accredit	ted investor	s in this of	Gering?	•			No ⊠
1. 1125 (110 15.	 , 0	1 4000 410 10			Appendix,			_	,*********	********		•
A. 11 11					••	·	•					
2. What is the minimum investment that will be accepted from any individual?								\$ _N/A Yes }	No			
3. Does the offering permit joint ownership of a single unit?										XI		
4. Enter the remuneration agent of a bropersons to be Full Name (L	for solicita ker or deal listed are a	ition of pure er registere issociated p	chasers in o d with the S ersons of st	onnection v SEC and/or	vith sales of with a state	f securities or states, I	in the offeri ist the name	ing. If a per of the brol	rson to be li cer or deale	sted is an : r. If more	associated than five	person or
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Ass	ociated Bro	ker or Deal	ler									
States in Whi										·		
(Check "	[AK]	or check in [AZ]	aiviauai Sti [AR]	(CA)	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	All State: [HI]	s [ID]
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business or F	tesidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Ass	ociated Bro	ker or Deal	ler									
States in Whi					Solicit Purc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		*************		All States	s
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[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name fi	rst, if indivi	idual)									
Business or F	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Ass	ociated Bro	ker or Deal	er					·-···				
States in Whi					Solicit Purc						All State:	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	[FL]	[GA]	[HI]	s [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]
fRII	ISCI	(SD)	ITNI	[TX]	(UT)	[VT]	(VA)	(WA)	rwvi	[WI]	twyi	[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

Type of Security	Aggregate A	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
□ Common □ Preferred		
Convertible Securities (including warrants)	\$	s
Partnership Interests	\$ 1,400,000,00	<u>0</u> \$240,000,000
Other (Specify)	s	\$
Total	\$ <u>1,400,000,00</u>	<u>0</u> \$240,000,000
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 Amoun of Purchases
Accredited Investors		\$240,000,000
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, 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 Amoun Sold
Rule 505		\$
Regulation A	<u> </u>	\$
Rule 504		\$
Total		\$
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		\$
Printing and Engraving Costs		\$
Legal Fees		\$ 400,000
Accounting Fees		\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately)		\$
Other Expenses (identify)	🗖	\$
Total		\$ 400,000

l and total expenses furnished in respon	ate offering price given in response to Part C - Question se to Part C - Question 4.a. This difference is the			\$1,399,600,000
used for each of the purposes shown. If the estimate and check the box to the left of the	gross proceeds to the issuer used or proposed to be a amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal t forth in response to Part C - Question 4.b above.		Payments to	
			Officers, Directors, & Affiliates	Payments To Others
Salaries and fees			s	S
Purchase of real estate			s	D \$
Purchase, rental or leasing and installat	ion of machinery and equipment		s	o s
Construction or leasing of plant building	gs and facilities	□	s	- \$
offering that may be used in exchange to	ing the value of securities involved in this for the assets or securities of another	_	s	_ S
				_ \$
Working Capital				□ \$
Other (specify): To provide risk cap privately held and u	ital for, and make investments in the securities of their businesses.			⊠\$ <u>1.399.600.000</u>
			s	□ \$
Column Totals			\$	⊠\$1 ,399,600,000
Total Payments Listed (Column totals a	oddcd)		⊗ \$ <u>1,</u>	399,600,000
	D. FEDERAL SIGNATURE			
following signature constitutes an undertaki	med by the undersigned duly authorized person. If this not ng by the issuer to furnish to the U.S. Securities and Excha- issuer to any non-accredited investor pursuant to paragrap	inge C	ommission uno	505, the n written request
ssuer (Print or Type)	Signature		Date	
Advent Latin American Private Equity Fund IV-F Limited Partnership	General Partner: LAPEF IV GP Limited Partnership By: Advent International LLC, its General Partner By: Advent International Corporation, its Manager		July 10, 2007	
		- [
	By	[<u> </u>
Name of Signer (Print or Type)	Title of Signer (Print or Type)			

— ATTENTION ——

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

