### FORM D

# 1408715 U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

### FORM D

OMB APPROVAL OMB NUMBER: 3235-0076

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NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| ROL   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Name of Offering ( Check thins is an amendment and name has changed, and indicate change.)                          |  |  |  |  |  |  |
| PARKLAND EQUITY FUND, LP  |  |  |  |  |  |  |
| 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 DA  | ATA HARMANI DEN STOLLER BOLLEGA (1916 HE (1917 H |  |  |  |  |  |
| 1. Enter the information requested about the issuer   |  |  |  |  |  |  |
| Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)                          |  |  |  |  |  |  |
| B. B.W. (Alle Boursey Broke)  | 07073798   |  |  |  |  |  |
| PARKLAND EQUITY FUND, LP  |  |  |  |  |  |  |
| Address of Executive Offices (Number  | er and Street, City, State, Zip Code)   Telephone Number   |  |  |  |  |  |
| -/- D1  | (Including Area Code)  |  |  |  |  |  |
| c/o Parkland Asset Management, LLC, 5099 NW 104th Avenue, Coral Springs, FL 33076                                   | (914) 980-9618   |  |  |  |  |  |
|   | er and Street, City, State, Zip Code) Telephone Number   |  |  |  |  |  |
| (if different from Executive Offices)   | (Including Area Code)  |  |  |  |  |  |
|   | PROCESCE   |  |  |  |  |  |
| Brief Description of Business   | 0 OFFOOFF  |  |  |  |  |  |
|   | D AUG 0 6 2007   |  |  |  |  |  |
|   | AUG U 6 2007   |  |  |  |  |  |
| Securities Investment   |  |  |  |  |  |  |
| Type of Business Organization   | IHOMSON  |  |  |  |  |  |
| corporation imited partnership, already formed  | other (please specifinancial   |  |  |  |  |  |
| business trust limited partnership, to be formed  | THE PROPERTY OF THE PROPERTY O |  |  |  |  |  |
| Month Year  |  |  |  |  |  |  |
| Actual or Estimated Date of Incorporation or Organization: [0 5] [0 7]  | Actual Estimated   |  |  |  |  |  |
| [- -]   |  |  |  |  |  |  |
| Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: [D][E] |  |  |  |  |  |  |
| CN for Canada; FN for other foreign jurisdiction  | 1 11 1   |  |  |  |  |  |
|   |  |  |  |  |  |  |

## 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 IDEN                      | TIFICATION DATA             |                              |                                       |  |  |  |  |
|---|---|------------------------------------|-----------------------------|------------------------------|---------------------------------------|--|--|--|--|
| 2. Enter the information  | n requested for the fol                 | llowing:                           |                             |                              |                                       |  |  |  |  |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>   |   |                                    |                             |                              |                                       |  |  |  |  |
| • 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 executi  | ive officer and directo                 | or of corporate issuers and of cor | porate general and managing | partners of partnership issu | ers; and                              |  |  |  |  |
| • Each general and managing partner of partnership issuers.   |   |                                    |                             |                              |                                       |  |  |  |  |
| Check Box(es) that Apply:   | Promoter                                | Beneficial Owner                   | Executive Officer           | Director                     | General Partner                       |  |  |  |  |
|   |   |                                    | Executive Onice             |                              |                                       |  |  |  |  |
| Full Name (Last name first, if in   |   |                                    |                             |                              |                                       |  |  |  |  |
| Parkland Asset Management, L<br>Business or Residence Address   |   | City State Zin Code)               |                             |                              |                                       |  |  |  |  |
|   |   | , City, Silite, Zip Code)          |                             |                              |                                       |  |  |  |  |
| 5099 NW 104th Avenue, Coral<br>Check Box(es) that Apply:  | Promoter                                | Beneficial Owner                   | Executive Officer           | Director                     | Managing Member of General Partner    |  |  |  |  |
| Full Name (Last name first, if in   | idividual)                              |                                    | <u> </u>                    | <del></del>                  | Of General Parales                    |  |  |  |  |
| Ng, Cindy   |   |                                    |                             |                              |                                       |  |  |  |  |
| Business or Residence Address   | (Number and Street,                     | City, State, Zip Code)             | <u> </u>                    |                              |                                       |  |  |  |  |
| 5099 NW 104th Avenue, Coral   | Springs, FL 33076                       |                                    |                             |                              |                                       |  |  |  |  |
| Check Box(es) that Apply:   | Promoter                                | Beneficial Owner                   | Principal                   | Director                     | General and/or Managing Partner       |  |  |  |  |
| Full Name (Last name first, if in   | ndividual)                              |                                    | <del></del>                 |                              |                                       |  |  |  |  |
|   |   |                                    | _                           |                              |                                       |  |  |  |  |
| Business or Residence Address   | (Number and Street,                     | , City, State, Zip Code)           |                             | <u>_</u> .                   |                                       |  |  |  |  |
|   |   |                                    |                             |                              |                                       |  |  |  |  |
| Check Box(es) that Apply:   | Promoter                                | Beneficial Owner                   | Principal                   | Director                     | General and/or Managing Partner       |  |  |  |  |
| Full Name (Last name first, if in   | ndividual)                              |                                    |                             |                              |                                       |  |  |  |  |
|   | ·                                       |                                    |                             |                              | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| Business or Residence Address   | (Number and Street,                     | , City, State, Zip Code)           |                             |                              |                                       |  |  |  |  |
| Check Box(es) that Apply:   | Promoter                                | Beneficial Owner                   | Principal Principal         | Director                     | General and/or                        |  |  |  |  |
|   |   | Beneficial Owner                   |                             |                              | Managing Partner                      |  |  |  |  |
| Full Name (Last name first, if in   | ndividual)                              |                                    |                             |                              |                                       |  |  |  |  |
| Business or Residence Address   | (Number and Street                      | City, State, Zip Code)             |                             |                              |                                       |  |  |  |  |
|   | (************************************** | , •••,, •••••,                     |                             |                              |                                       |  |  |  |  |
| Check Box(es) that Apply:   | Promoter                                | Beneficial Owner                   | Principal                   | Director                     | General and/or Managing Partner       |  |  |  |  |
| Business or Residence Address   | (Number and Street,                     | , City, State, Zip Code)           |                             | · · ·                        | <del> </del>                          |  |  |  |  |
|   |   |                                    |                             |                              |                                       |  |  |  |  |
| Check Box(es) that Apply:   | Promoter                                | Beneficial Owner                   | Principal                   | Director                     | General and/or Managing Partner       |  |  |  |  |
| Full Name (Last name first, if it   | ndividual)                              |                                    |                             |                              | <b>4 4 5 1 1 1 1 1 1 1 1 1 1</b>      |  |  |  |  |
| Business or Residence Address   | (Number and Street                      | , City, State, Zip Code)           |                             |                              |                                       |  |  |  |  |

|  |   |                          |   | •                         | B. IN                        | NFORM                            | ATION                      | ABOUT                       | OFFER                         | ING                          |              |              |              |   |
|--|---|--------------------------|---|---------------------------|------------------------------|----------------------------------|----------------------------|-----------------------------|-------------------------------|------------------------------|--------------|--------------|--------------|---|
| , 1.   | Has the   | issuer sold,             | or does the   | issuer inte               | nd to sell, to               | o non-accre                      | dited inves                | tors in this                | offering?                     |                              |              |              |              | Yes No  |
| Answer also in Appendix, Column 2, if filing under ULOE.                     |   |                          |   |                           |                              |                                  |                            |                             |                               |                              |              |              |              |   |
| 2.   | 2. What is the minimum investment that will be accepted from any individual? *\$250,000 |                          |   |                           |                              |                                  |                            | *\$ <u>250,000</u>          |                               |                              |              |              |              |   |
|  | *Minimum may be waived by the General Partner in its discretion                         |                          |   |                           |                              |                                  |                            |                             |                               |                              |              |              |              |   |
|  |   |                          |   |                           |                              |                                  |                            |                             |                               |                              |              |              |              | Yes No  |
| 3.   |   |                          | ermit joint (   |                           |                              |                                  |                            |                             |                               |                              |              |              |              |   |
| 4.   | solicitati<br>dealer re   | on of pure<br>gistered w | on requested<br>hasers in co<br>ith the SEC<br>roker or dea | nnection w<br>and/or with | ith sales of<br>h a state or | securities ir<br>states, list tl | n the offeri<br>he name of | ng. If a pers<br>the broker | son to be lis<br>or dealer. I | ited is an as<br>f more than | sociated pe  | rson or age  | nt of a brok | ег ог   |
| Full Na  | me (Last nai  |                          |   |                           | <u>*</u>                     | <del>.</del>                     |                            |                             |                               | ·                            |              | -            |              |   |
| Rusina   | ss or Resider   | na Addrac                | c (Number   | and Street                | City State                   | Zin Code)                        |                            |                             |                               |                              |              |              |              |   |
| Dustiles   | 22 Of Mesidel   | ice Addres               | S (Muttibet 8   | ina succi,                | City, State,                 | Zip Code)                        |                            |                             |                               |                              |              |              |              |   |
| Name o   | f Associated  | Broker or                | Dealer  |                           | -                            |                                  |                            |                             |                               |                              |              |              |              |   |
|  |   |                          |   |                           |                              |                                  |                            |                             |                               |                              |              |              |              |   |
| States i   | n Which Per   | son Listed               | Has Solicite  | ed or Inten               | ds to Solicit                | Purchasers                       | 5                          |                             |                               |                              |              |              |              | _   |
| (Chec  | k "All States   |                          |   |                           |                              |                                  |                            |                             |                               |                              |              |              |              | All States                                    |
|  | [AL]<br>[iL]  | [AK]<br>[IN]             | [AZ]<br>[IA]  | [AR]<br>[KS]              | [CA]<br>[KY]                 | [CO]<br>[LA]                     | [CT]<br>[ME]               | [DE]<br>[MD]                | [DC]<br>[MA]                  | [FL]<br>[MI]                 | [GA]<br>[MN] | [HI]<br>[MS] | [ID]<br>[MO] |   |
|  | [MT]  | [NE]                     | [NV]  | [NH]                      | [נאן]                        | [NM]                             | [NY]                       | [NC]                        | [ND]                          | [OH]                         | [OK]         | [OR]         | [PA]         |   |
| Full Na  | (RI)<br>me (Last nai  | [SC]<br>me first, if     | [SD]<br>individual)   | [TN]                      | [TX]                         | [UT]                             | (VT)                       | [VA]                        | [WA]                          | [WV]                         | [WI]         | [WY]         | [PR]         | ,   |
|  |   |                          |   |                           |                              | _                                |                            |                             |                               | _                            |              |              |              |   |
| Busine   | ss or Resider   | nce Addres               | s (Number a   | and Street,               | City, State,                 | Zip Code)                        |                            |                             |                               |                              |              |              |              |   |
| Name o   | of Associated   | l Broker or              | Dealer  |                           |                              |                                  |                            |                             |                               | -                            |              |              |              | , <u>, , , , , , , , , , , , , , , , , , </u> |
| States i   | n Which Per   | son Listed               | Has Solicite  | ed or Inten               | ds to Solicit                | Purchasers                       | <u> </u>                   |                             |                               |                              |              |              |              |   |
| (Chec  | k "All States   | " or abaak               | individual (  | Status)                   |                              |                                  |                            |                             |                               |                              |              |              |              | All States                                    |
| (Chec  | (AL)  | [AK]                     | [AZ]  | [AR]                      | [CA]                         | [CO]                             | [CT]                       | (DE)                        | [DC]                          | (FL)                         | [GA]         | [HI]         | [ID]         | An States                                     |
|  | [IL]  | [IN]                     | [lA]  | [KS]                      | [KY]                         | [LA]                             | [ME]                       | [MD]                        | [MA]                          | [MI]                         | [MN]         | [MS]         | [MO]         |   |
|  | [MT]<br>[RI]  | [NE]<br>[SC]             | (NV)<br>[SD]  | [NH]<br>[TN]              | [NJ]<br>[TX]                 | [NM]<br>[UT]                     | [NY]<br>[VT]               | [NC]<br>[VA]                | [ND]<br>[WA]                  | (OH)<br>[WV]                 | [OK]<br>[WI] | [OR]<br>[WY] | [PA]<br>[PR] |   |
| Full Na  | me (Last na   |                          |   |                           | (***)                        | (01)                             |                            | [,,,,]                      | []                            | ()                           | [ ]          | [,,,,]       | (1.14)       |   |
|  |   |                          |   |                           |                              |                                  |                            |                             |                               |                              |              |              |              |   |
| Busine   | ss or Resider   | nce Addres               | s (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]         | [ID]         |   |
|  | (IL)<br>(MT)  | (IN)<br>[NE]             | [IA]<br>[NV]  | [KS]<br>[NH]              | [KY]<br>[NJ]                 | [LA]<br>[NM]                     | (ME)<br>(NY)               | [MD]<br>[NC]                | [MA]<br>[ND]                  | [MI]<br>[OH]                 | [MN]<br>[OK] | [MS]<br>[OR] | [MO]<br>[PA] |   |
|  | (RI)  | [SC]                     | (SD)  | [TN]                      | [TX]                         | [UT]                             | [VT]                       | [VA]                        | [WA]                          | [WV]                         | [WI]         | [WY]         | [PR]         |   |

TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|      | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US   | E OF PROCEED                | S  |
|------|---|-----------------------------|--|
| . 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 $\square$ and indicate in the columns below the amounts of  |                             |  |
|      | the securities offered for exchange and already exchanged.  |                             |  |
|      | Type of Security  | Aggregate<br>Offering Price | Amount Already<br>Sold                     |
|      | Debt  | S                           | \$   |
|      | Equity  | •                           | \$   |
|      | ☐ Common ☐ Preferred  | Φ                           | Ψ  |
|      |   | ¢                           | •  |
|      | Convertible Securities (including warrants)   |                             | 5  |
|      | Partnership Interests   |                             | \$   |
|      | Limited Partnership Interests*  |                             | \$   |
|      | Total*  Answer also in Appendix, Column 3, if filing under ULOE.  | \$ <u>250,000,000</u>       | <b>3</b>                                   |
| 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<br>Investors         | Aggregate<br>Dollar Amount<br>of Purchases |
|      | Accredited Investors  | 2                           | s 540,000                                  |
|      | 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, 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                     | Dollar Amount                              |
|      | Type of offering  | Security                    | Sold                                       |
|      | Rule 505  | Security                    | \$   |
|      | Regulation A  |                             | Ψ <u></u>                                  |
|      | · ·   |                             | Φ  |
|      | 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   |                             | \$ 0                                       |
|      | Printing and Engraving Costs  |                             | \$ 0                                       |
|      | Legal Fees  |                             | \$ 30,000                                  |
|      | Accounting Fees   |                             | \$ <u></u>                                 |
|      | ·   | _                           |  |
|      | Engineering Fees  |                             | · — — — — — — — — — — — — — — — — — — —    |
|      | Sales Commissions (specify finders' fees separately)  |                             | \$   |
|      | Other Expenses (identify) Miscellaneous (blue, sky fees, duplicating, courier, etc.)  |                             | \$ <u>10,000</u>                           |
|      | Total   | 🛛                           | \$ <u>40,000</u>                           |

<sup>\*</sup> This is a continuous offering. Therefore, the aggregate offering price could be greater than or less than this amount.

| C. OFFERING PRICE, NUMBER   | R OF INVESTORS, EXPENSES AND USE O  | F PROCEEDS   |                                |
|---|---|--|--------------------------------|
| <ul> <li>Enter the difference between the aggregate</li> <li>Question 1 and total expenses furnished in resp</li> </ul>   | offering price given in response to Part C -  |  | *\$249,960,000                 |
| 5. Indicate below the amount of the adjusted gross be used for each of the purposes shown. If the an estimate and check the box to the left of the must equal the adjusted gross proceeds to the i 4.b above. | is proceeds to the issuer used or proposed to amount for any purpose is not known, furnish estimate. The total of the payments listed |  |                                |
|   |   | Payments to<br>Officers,<br>Directors, &<br>Affiliates | Payments To<br>Others          |
| Salaries and fees   |   | □ \$   | □ \$                           |
| Purchase of real estate   |   | □ \$   | □ \$                           |
| Purchase, rental or leasing and installation of n   | nachinery and equipment   | □ \$   | □\$                            |
| Construction or leasing of plant buildings and  | facilities  | □ \$   | □ \$                           |
| Acquisition of other businesses (including the  |   |  |                                |
| that may be used in exchange for the assets or  | securities of another issuer pursuant to a  | □\$  | <b>S</b>                       |
|   |   | □ \$   | □\$                            |
| Working capital   | □ \$<br>□ \$  | □ \$<br>□ \$   |                                |
| Other (specify): to be used as described in Issu  |   | □ \$   | \$249,960,000                  |
| Column Totals   |   | □\$  | <b>■</b> \$ <u>249,960,000</u> |
| Total Payments Listed (column totals added)   |   | <b>⋈</b> \$ <u>2</u> 4                                 | <u>19,960,000</u>              |
|   | D. FEDERAL SIGNATURE  |  |                                |
| The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the request of its staff, the information furnished by the issuer                                    | issuer to furnish to the U.S. Securities and E  | xchange Commi  | ssion, upon written            |
| Issuer (Print or Type)  | Signature   | Date   | , .                            |
| PARKLAND EQUITY FUND, LP  | $I = I' \cup I \cup II$   | 1 _  | / _ / .                        |
| By: Parkland Asset Management, LLC, its General Partner   | Luy 14  | - <del>7/</del>  | 23/8 2007                      |
| Name of Signer (Print or Type)  | Title of Signer (Print of Type)   | - '  |                                |
| Cindy Ng  | Managing Member of General Partner  |  |                                |

\* See asterisked comment on p.4.

END

**ATTENTION** 

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