

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 AF | PROVAL | |

| SEC USE ONLY | | | | | | | | |
|---------------|--|--------|--|--|--|--|--|--|
| Prefix | | Serial | | | | | | |
| | | | | | | | | |
| DATE RECEIVED | | | | | | | | |
| | | | | | | | | |

| Name of Offering (E | check if this is an | amendment and name | has changed, and in | dicate change.) | | |
|-------------------------------------|-----------------------|--------------------------|-----------------------|-------------------|----------------------|--------------------|
| Common Shares | | | | • | | |
| Filing Under (Check be | ox(es) that apply): | □ Rule 504 | ☐ Rule 505 | ■ Rule 50 | 5 □ Section 4(6) | ULOE |
| Type of Filing: | New Filing 🛛 | Amendment | | | | |
| | | A. BASIC I | DENTIFICATION | ON DATA | | |
| 1. Enter the information | n requested about th | ne issuer | | | | |
| Name of Issuer (□ | check if this is an a | mendment and name h | as changed, and ind | icate change.) | - | |
| MLF Offshore Fu | nd II, Ltd. | | | | 070738 | 121 |
| Address of Executive C | Offices | (Number ar | d Street, City, State | e, Zip Code) | Telephone Number (In | cluding Area Code) |
| c/o Trident Fund (Cay, P.O. Box 146 | | | t Chambers, W | ickhams | (284) 494-2434 | |
| Address of Principal Bu | siness Operations | (Number an | d Street, City, State | , Zip Code) | Telephone Number (In | cluding Area Code) |
| (if different from Execu | tive Offices) sa | ame | | | same | |
| Brief Description of Bu | siness | | | | | |
| Investment Fund | | | | | | |
| Type of Business Organ | nization | | | | | |
| ☐ corporation | ☐ limited pa | rtnership, already forme | ed 🗷 other (| (please specify): | Cayman Islands | s exempted |
| business trust | ☐ limited pa | tnership, to be formed | | . , ., | company | |
| Actual or Estimated Da | • | - | Month Year 0 1 0 6 | ■ Actual | ☐ Estimated | AUG 0 1 2007 |
| variation of medipole | Thom or Organization | • | I for other foreign j | | F N | THOMSON |

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.

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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 RASIC IDENT | IFICATION DATA | | | | | | | | | | |
|--|--|------------------------|------------------|--------------------------------------|--|--|--|--|--|--|--|--|
| Enter the information requested for the f Each promoter of the issuer, if the iss Each beneficial owner having the pot the issuer; | ollowing: uer has been organized within | n the past five years; | f, 10% or more o | f a class of equity securities of | | | | | | | | |
| 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) | • | | | | | | | | | | | |
| Feshbach, Matthew L. | | | | | | | | | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip Code |) | | | | | | | | | | |
| 455 N. Indian Rocks Road, Suite E | 3, Belleair Bluffs, FL 3 | 3770 | | | | | | | | | | |
| Check Box(es) that Apply: Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Seymour, Don | | | | | | | | | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip Code |) | | | | | | | | | | |
| c/o dms Management Ltd., Ansbacher H | ouse, 2nd Floor, P.O. Box | 31910, George Town, G | rand Cayman, K | Y1-12-8, Cayman Islands | | | | | | | | |
| Check Box(es) that Apply: ☐ Promoter | ☐ Beneficial Owner | ☐ Executive Officer | ☑ Director | ☐ General and/or Managing Partner | | | | | | | | |
| Full Name (Last name first, if individual) | | | | | | | | | | | | |
| Bree, David | | | | | | | | | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip Code |) | | | | | | | | | | |
| c/o dms Management Ltd., Ansbacher He | ouse, 2nd Floor, P.O. Box | 31910, George Town, Gr | and Cayman, K | /1-12-8, Cayman Islands | | | | | | | | |
| 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 Zin Code | | | | | | | | | | | |
| Dustitess of 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 7in Code) | | | | | | | | | | | |
| Dustriess of Residence / Idahess (Mariber and | oncet, only, oute, 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) | | | • | , saus | | | | | | | | |
| 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 | | | | | | | | |
| Full Name (Last name first, if individual) | | | | Managing Partner | | | | | | | | |
| an course (Dast name 105t, it motividual) | | | | | | | | | | | | |
| Business or Residence Address (Number and | Street, City, State, Zip Code) | ··- | | | | | | | | | | |

| | | | | | | | | | | B. IN | FOR | ИАТ | ION A | ABO | J T O I | FFEF | RING | | | | | | | | |
|--------|---|------------------------|------------------------------|--------------------------|--------------------------|-------------------------|-------------------------|----------------------------|-----------------------------|------------------------------|-------------------------------|---------------------------|-------------------|------------------------|------------------------------|------------------------------|-----------------|-------|---|------------|-------------------|----------------|-----|---------------|--------------|
| 1 | Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | | | Yes | No 🗷 | | | | | | | | | | | |
| 2 | . V | Vhat | is the | mini | mum | invest | ment | that v | vill be | accep | ted fr | om aı | ıy indi | ividua | al? | | | | | | | | \$. | * 1 | ,000,000 |
| , | Does the offering permit joint ownership of a single unit? | | | | | | | | | | | | Yes | No | | | | | | | | | | | |
| | | | | | | - | | | - | _ | | | | | | | | | | | | | | × | |
| 4. | If OI | omm `a pe r stat | iissioi erson tes, lis | or so to be st the | imilar listed name | remu is an of the | nerati assoc brok | on for iated er or o | r solic persoi dealer | itation n or ag . If m | n of pu gent of fore th | ircha f a br an fiv | sers in oker o | conr r dea perso | ection ler reg ns to l | n witl gistero pe list | sales d with | of se | ectly of curities SEC a ciated | s in th | ne offe with a | ring. state | | | |
| Full | Nan | ne (L | ast n | ame f | irst, if | indiv | idual) |) | | | | | | | | | | | | | | | | | |
| Busin | ness | or F | Reside | nce A | Addres | s (Nu | mber | and S | street, | City, | State, | Zip (| Code) | | | | | | | | | | | | |
| Name | e of | Ass | ociate | d Bro | ker o | r Dea | er | | | | | | | | | | | | | • | | | | | |
| State | s in | Whi | ch Pe | rson | Listed | Has | Solici | ted or | Inten | ds to | Solicit | Purc | hasers | | | '. | | | <u> </u> | ···• | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | All States |
| [A | |][| | | | | | | | | | | | | | | | | FL MI | | | | HI |][| ID] MO] |
| [M | | • • | | | | | | | | | | _ | | - | | | | | OH |] [] [| |] [| OR | | PA] |
| [F | | | | | | | | | | | | | | | | | | | WV | | | | WY | | PR] |
| Full 1 | Vam | e (L | ast na | me fi | rst, if | indiv | dual) | | | | | | | | | | | | | | | | | | |
| Busin | ess | or R | eside | nce A | ddres | s (Nu | mber | and S | treet, | City, | State, | Zip C | ode) | | | | | | | | | | • | | |
| Name | of | Asso | ciate | d Bro | ker or | Deal | er | | | | | | | | | | | | | | | | | | |
| States | in | Whi | ch Pe | rson I | isted | Has S | olicit | ed or | Intend | ds to S | Solicit | Purc | hasers | | | | | - | | | | | | | |
| | | • | | | | | | | | | | | | | | | | | | | | | | | All States |
| [A | | | | | | | | | | | | | | | | | | | | | |] [| HI |] [| ID] |
| | | | | | | | | | | | | | | | | | | | MI | | _ |][| | | мо ј |
| [R | | | | | NV SD | | | | | | | | NY VT | | | | | | WV |][| OK WI |][| | , . | PA] PR] |
| Full N | | | | | | | | , (| | <u> </u> | | , t | | , t | | , . | | , L | | J L | | J L | | | |
| | | ` | | | , | | , | | | | | | | | | | | | | | | | | | |
| Busin | ess | or R | esidei | ice A | ddress | (Nu | nber a | and St | reet, (| City, S | State, 2 | Zip C | ode) | | | | | | | | | | | | |
| Name | of A | Asso | ciated | l Brol | cer or | Deale | r | | | | | | | | | | | | | | | | | | |
| States | in \ | Whic | h Per | son L | isted | Has S | olicite | ed or i | Intend | ls to S | olicit l | Purch | asers | | | | | | | | | | | · | |
| | | | | | | | | | | | | | | | | ••••• | | | | | | | | | II States |
| | | | | | ΑZ |][| AR |][| CA |][| CO |][| CT |][| DE |] [| DC |][| FL |] [| | | |] [| ID] |
| [][| |] [| |][| | | | | | | | | | | | | | | MI | | MN | | MS |][| MO] |
| [M | | Jl 1r | NE SC | J L | NV SD |][| | | | | | | | | | | | | OH WV | | OK u/i | | OR | | PA] PR 1 |

[•] The Board of Directors has the discretion to waive or reduce this amount.

| 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 Offering Price | Amount Already Sold |
| | | \$ | \$ \$ |
| | Debt | \$ | <u> </u> |
| | Equity | ¥ | Ψ |
| | ☐ Common ☐ Preferred | \$ | s |
| | Convertible Securities (including warrants) | \$ | \$S |
| | Partnership Interests | | · ··· |
| | Other (Specify Common shares) | \$ 400,000,000 | \$ 1,168,471 |
| | Total | \$ 400,000,000 | \$ 1,168,471 |
| | 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 | 2 | \$1,168,471 |
| | Non-accredited Investors | 0 | s0 |
| | 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 | | \$ |
| | Regulation A | | \$ |
| | 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 | E | \$ 2,000 |
| | Legal Fees | X | \$40,000 |
| | Accounting Fees | | \$ |
| | Engineering Fees | | \$ |
| | Sales Commissions (specify finders' fees separately) | | \$ |
| | Other Expenses (identify) Blue Sky and miscellaneous fees | × | \$5,000 |
| | Total | _ | \$47,000 |

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| | D. OFFERING PRICE, NUMBER | OF INVESTORS, EXPENSES | ANI | <u>USE</u> | OF PROC | EEI |)S | .= |
|-----|---|--|------|------------|--|-----------------|-------------|---------------------------------------|
| | b. Enter the difference between the aggregate offer Question I and total expenses furnished in response to the "adjusted gross proceeds to the issuer." | Part C - Question 4.a. This difference | e is | | | | \$_ | 399,953,000 |
| 5. | Indicate below the amount of the adjusted gross proceed for each of the purposes shown. If the amount for any pand check the box to the left of the estimate. The tot adjusted gross proceeds to the issuer set forth in response | purpose is not known, furnish an esti al of the payments listed must equa | mate | | | | | |
| | | | | (Di | yments to Officers, rectors, & Affiliates | | | Payments To Others |
| | Salaries and fees | | | \$ | | - 🗆 | \$ - | . - |
| | Purchase of real estate | | | \$ | | - 🗆 | \$ - | |
| | Purchase, rental or leasing and installation of machi | nery and equipment | | \$ | | - 🗆 | \$ - | |
| | Construction or leasing of plant buildings and facilit | ties | | S | | - 🗆 | \$ - | · · · · · · · · · · · · · · · · · · · |
| | Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger) | or securities of another issuer | П | s | | - n | S | |
| • | Repayment of indebtedness | | | | | | | |
| | Working capital | | | | | | | 399,953,000 |
| | Other (specify): | | | | | | | |
| | | | п | • | | п | ¢ | |
| | Column Totals | <u> </u> | | | | | | |
| | Total Payments Listed (column totals added) | | | | × \$ | | - | |
| | | FEDERAL SIGNATURE | | | | - | | |
| The | issuer has duly caused this notice to be signed by the und | | thic | notica | is filed wede | - D. | - E | OF 41 - 6-11 |
| igr | ature constitutes an undertaking by the issuer to furnish t rmation furnished by the issuer to any non-accredited inve | o the U.S. Securities and Exchange (| Com | mission | , upon writte | r Kui en rei | ques | st of its staff, the |
| ssu | er (Print or Type) | Signature | | •• | Date | | | |
| MI | -F Offshore Fund, Ltd. | 5 Duff | > | | 24 | ιΣ | ul | J4/07 |
| lan | ne of Signer (Print or Type) Don Seymour Director | Title of Signer (Print or Type) Director | | | | | | 1 |

___ ATTENTION ___

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

