FORM D

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

3235-0076 OMB Number: Expires: April 30, 2008

Estimated average burden hours per response ......16.00



# FORM D

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

SEC USE ONLY								
Prefix	Serial							
1	<u> </u>							
D	DATE RECEIVED							
	<b>^</b> .							

Name of Offering ( check if this is an amendment and name has change	d, and indicate	change.)	
Tenant in Common (TIC) Interests in Traverse Bay Senior Properties	LLC - \$4,000,0	00 Offering	MALL BI
Filing Under (Check box(es) that apply):	ule 505	X Rule 506 ∠□'S	ection 4(6) VED ULOE
Type of Filing: New Filing			1UG - 2 2007
A. BASIC IDEN	<b>CIFICATION</b>	DATA 📐	106 - 2 2007
1. Enter the information requested about the issuer:		1/921	
Name of Issuer: ( check if this is an amendment and name has change	d, and indicate	change.)	186 ECTOR
Traverse Bay Senior Properties, LLC			( ) 59
Address of Executive Offices (Number and Stre	eet, City, State,		e Number (Including Area Code)
3891 Ranchero Drive, Suite 40, Ann Arbor, Michigan 48108		(734) 997	-7015
Address of Principal Business Operations (Number and Stre	eet, City, State,	Zip Code) Telephon	e Number (Including Area Code)
(if different from Executive Offices)			
Brief Description of Business:	····		
Real estate investment in a 65 bed assisted living facility in Traverse Ci	ity. Michigan		
Type of Business Organization	, , , , , , , , , , , , , , , , , , ,		
	nad	other (please specifi	y): Limited Liability Company
corporation   limited partnership, already form		_	
□ business trust □ limited partnership, to be formed	····-		PROCESSED
Month	Year		
Actual or Estimated Date of Incorporation or Organization: 0 6	0 7	🛮 Actual 🔲 Estim	AUG 0 3 2007
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Post	al Service abbr	eviation for State:	•
CN for Canada: FN for oth	ner foreign juris	diction) D E	THOMSON
			FINANCIAL

# 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

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.

> Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

•										
			DENTIFICATION DAT	`A						
2. Enter the information r	equested for the fo	ollowing:								
• Each promoter of	<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>									
	<ul> <li>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;</li> </ul>									
Each executive (	officer and directo	r of corporate issuers and	of corporate general and	managing partners	s of partnership issuers; and					
Each general and	d managing partne	r of partnership issuers.								
Check Box(es) that Apply		☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner					
Full Name (Last name firs	•									
Traverse Bay Senior Pro	·	1. 10: . 6: . 6:	4. 7'. C-1-)							
Business or Residence Ad	· ·	mber and Street, City, Sta	ite, Zip Code)							
3891 Ranchero Drive, Su	iite 40, Ann Arbo	r, Michigan 48108								
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner					
Full Name (Last name firs MAULBETSCH, Charle										
Business or Residence Ad 3891 Ranchero Drive, Su		mber and Street, City, Starr, Michigan 48108	ate, Zip Code)							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner		☐ Director	☐ General and/or Managing Partner					
Full Name (Last name firs HARRISON, Amy	st, if individual)									
Business or Residence Ad	dress (Nu	mber and Street, City, Sta	nte, Zip Code)							
3891 Ranchero Drive, Su	ite 40, Ann Arbo	r, Michigan 48108								
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name firs HERSHBERGER, Susan	-									
Business or Residence Ad 3891 Ranchero Drive, St		mber and Street, City, Store, Michigan 48108	ate, Zip Code)	1						
Check Box(cs) that Apply	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name firs WESTHOFF, Susan	st, if individual)									
Business or Residence Ad 3891 Ranchero Drive, St		mber and Street, City, Stor, Michigan 48108	ate, Zip Code)							
Check Box(es) that Apply	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner					
Full Name (Last name firs	st, if individual)	• • •								

**Business or Residence Address** 

**Business or Residence Address** 

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

☐ General and/or Managing Partner

☐ Director

(Number and Street, City, State, Zip Code)

(Number and Street, City, State, Zip Code)

					В. П	NFORMAT	ION ABO	UT OFFER	ING				
1.	Has th	e issuer sol	d, or does th	e issuer int	tend to sell, to	non-accred	ited investor	rs in this offe	ering?		(*4**)[**]**]**	Yes □	No ⊠
					Answer also	in Appendi	x, Column 2	2, if filing ur	nder ULOE.				
2.	What	is the minin	num investn	ent that w	ill be accepted	from any ir	ndividual?	***************************************			••••••	\$ <u>\$1</u> -	60,000
	(Iss	uer reserves	the right to	ell fraction	al units or inte of a single u	rests.)						Yes	No □
	or sim listed of the	ilar remune is an associ broker or d	eration for s ated person	olicitation or agent o re than five	n person who of purchasers f a broker or c e (5) persons t lealer only.	in connecti lealer regist	on with sale ered with th	es of securit ie SEC and/	ies in the of or with a sta	ffering. If a ite or states,	person to be list the name	e e	
Full Name (Last name first, if individual)  CASEY, Daniel F.													
Business or Residence Address (Number and Street, City, State, Zip Code) 4510 E. Thousand Oaks Boulevard, Westlake Village, California 91362													
	Name of Associated Broker or Dealer Financial West Group												
State	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	•				dual States)					( FI 18/8/			States
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		(Last name Brian J.	first, if ind	vidual)									
					l Street, City, co, California		ode)						
		ssociated B ific Securit	roker or Dea ies, Inc.	iler									
State	s in W	hich Person	Listed Has	Solicited of	or Intends to S	olicit Purch	asers						
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		(Last name Jeffrey C.	first, if ind	ividual)									
	Business or Residence Address (Number and Street, City, State, Zip Code) 7373 N. Scottsdale Road, Suite D120, Scottsdale, Arizona 85253												
	Name of Associated Broker or Dealer First Financial Equity Corporation												
State	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
	(	Check "All	States" or c	heck indivi	dual States)							. 🗆 Al	States
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					B. II	NFORMAT	ION ABO	UT OFFER	RING				
	Unatha	iomas cal	d or does the	a iccuar int	end to sell, to	non-accredi	ted investo	ors in this of	fering?			Yes □	No ⊠
1.	Has the	issuer son	u, or does in	e issuei iii						•••••			_
					Answer also	in Appendi	x, Column	2, if filing u	nder ULOE.				
2.	What is	the minin	num investm	ent that wi	ll be accepted	from any in	dividual?					\$ <u>\$1</u> 6	50 <u>,000</u>
2	(Issu	er reserves	the right to s	ell fraction	al units or inte of a single ur	rests.) nit?						Yes ⊠	No □
3.													_
4.	or simi listed is of the t forth th	lar remune s an associ proker or de e informat	eration for so ated person ealer. If mo ion for that l	olicitation of or agent of re than five proker or d	person who of purchasers a broker or ce (5) persons tealer only.	in connection dealer registe	on with sa ered with t	les of securi he SEC and	ties in the of or with a star	fering. If a te or states,	person to be list the name	<b>;</b>	
Full Name (Last name first, if individual) HESS, John T.													
Bu:	siness or 542 S. Jo	Residence rdon Gate	Address (Neway, Suite	lumber and 330, Salt L	Street, City, ake City, Ut	State, Zip Co ah 84095	ode)						
ON	1NI Bro	kerage, In											
Sta	tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)										<b>G</b>		
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CH	IAMBEI	RLAIN, T	odd M.										
			Address (N		Street, City, 52302	State, Zip C	ode)						
			roker or Dea mpany Fina		ices, Inc.							<u> </u>	
Sta	tes in W	nich Persor	n Listed Has	Solicited of	or Intends to S	Solicit Purch	asers						
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					Street, City, vport Beach,								
	Name of Associated Broker or Dealer Courtlandt Securities Corporation												
Sta	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers												
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					B. I!	NFORMAT	ION ABOU	JT OFFER	ING				
1. H	las the	e issuer solo	i, or does th	e issuer inte	nd to sell, to	non-accredi	ted investor	s in this offe	ering?			Yes □	No ⊠
					Answer also	in Appendi:	x, Column 2	, if filing ur	nder ULOE.				
2. \	Vhat i	s the minim	num investn	ent that will	be accepted	from any in	dividual?	******		••••		\$ <u>\$</u>	160,000
	(lsst	IET PESETVES	the right to:	sell fractional	units or inte	rests.)					***************************************	Yes	No □
0 1 0	or simi isted i of the l	ilar remune s an associa broker or de	ration for s ated person ealer. If mo	olicitation of or agent of a	f purchasers a broker or d (5) persons t	in connection lealer registe	on with sale ered with th	s of securities SEC and/o	ies in the of or with a sta	fering. If a te or states,	commission person to be list the name you may set	<b>:</b>	
	Full Name (Last name first, if individual)  MERRITT, Gregory A.												
Business or Residence Address (Number and Street, City, State, Zip Code) 36700 Woodward Avenue, Suite 200, Bloomfield Hills, Michigan 48304													
	Name of Associated Broker or Dealer Professional Asset Management, Inc.												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
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				lumber and : Monica, Ca			ode)			-		•	-
		sociated Bi	roker or Det ties, Inc.	aler									
States	in W	hich Person	Listed Has	Solicited or	Intends to S	olicit Purch	asers				•		
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KOS	ANKI	E, Mark G.	•										
				Number and 200, Bloom									
	Name of Associated Broker or Dealer Professional Asset Management, Inc.												
States	in W	hich Persor	Listed Has	Solicited or	Intends to S	olicit Purch	asers						
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1.	Has the	issuer sol	d, or does th	e issuer inte	nd to sell, to	non-accredi	ted investor	s in this of	fering?			Yes □	No ⊠
					Answer also	in Appendi:	x, Column 2	2, if filing ι	inder ULOE.				
2.	What is	the minim	num investm	ent that wil	l be accepted	from any in	dividual?					\$ <u>\$1</u>	60,000
3.	(1ssu	er reserves	the right to s	ell fractiona	I units or inte	rests.)						Yes	N₀ □
4.									directly or in-				
4.	or simi	lar remune	ration for se	olicitation o	f purchasers	in connection	on with sale	s of secur	ities in the of	fering. If a	person to be		
	of the b	roker or d	ealer. If mo	re than five	(5) persons t	o be listed a	re associate	d persons	or with a state of such a brok	te of states, ter or dealer,	you may set		
Ful			ion for that		aler only.								
	Full Name (Last name first, if individual)  MILLER, Lawrence B.												
Business or Residence Address (Number and Street, City, State, Zip Code) 23945 Calabasas Road, Suite 207-C, Calabasas, California 91302													
	Name of Associated Broker or Dealer Investment Security Corporation												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
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		(Last name lichael V.	first, if ind	ividual)									
					Street, City, alifornia 904		ode)						
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Fu	Il Name	(Last name	e first, if ind	ividual)									
				Jumber and	Street, City,	State. Zip C	ode)			-			
					ake City, Ut								
	Name of Associated Broker or Dealer OMNI Brokerage, Inc.												
Sta	ites in W	hich Person	n Listed Has	Solicited o	r Intends to S	Solicit Purch	asers						
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					B. 13	NFORMAT	TION ABOU	JT OFFER	ING				
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١.	mas u	ic issuer sor	u, or ubes th	ie issuei iiite					•				ы
					Answer also	in Appendi	ix, Column 2	2, if filing ur	ider ULOE.				
2.					l be accepted I units or inte		ndividual?					\$ <u>\$1</u> Yes	60,000 No
3.	Does	the offering	permit joint	ownership	of a single u	resis.) 1it?	•••••			***********		🛮	
4.	Enter	the informa	tion request	ed for each	person who	has been or	will be paid	l or given, d	irectly or in	directly, any	commissio	n	
	or sin	nilar remune	ration for s	olicitation o	f purchasers a broker or o	in connecti	on with sale	s of securit	ies in the of	ffering. If a	person to be	e	
	of the	broker or d	ealer. If mo	re than five	(5) persons t								
Cui	forth the information for that broker or dealer only.  Full Name (Last name first, if individual)												
Full Name (Last name first, if individual)  DUNN, Jr., Frank T.													
Business or Residence Address (Number and Street, City, State, Zip Code) 3721 Douglas Boulevard, Suite 200, Roseville, California 95661													
					e, California	95661						<del> </del>	
		ssociated B Securities,	roker or Dea Inc.	aler									
Sta	tes in W	/hich Persor	Listed Has	Solicited or	Intends to S	olicit Purch	asers		<u> </u>				<u></u>
	(	Check "All	States" or cl	heck individ	ual States)	**************	•••••					. 🗆 All	States
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[ A	-	Check "All [AK]	States" or cl	heck individ [AR]	ual States) [CA]	[ CO]	[ CT]	[ DE]	[ DC]	[ FL]	[ GA]	. ⊠AⅡ [HⅡ]	States [ID]
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Naı	me of A	ssociated B	roker or Dea	aler								<del></del>	
Berthel, Fisher & Company Financial Services, Inc.													
Sta	tes in W	hich Person	1 Listed Has	Solicited or	Intends to S	olicit Purch	asers						
					ual States)		( CTIVV	[ DEI	[ DC1	FELIVE			States
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					В, 1	NFORMA	TION ABOU	J <b>T OFFER</b>	ING		<u></u>		
1. H	las the	issuer solo	d, or does th	e issuer int	end to sell, to	non-accre	dited investor	s in this off	ering?			Yes □	No ⊠
					Answer also	in Append	lix, Column 2	t, if filing u	nder ULOE.				
2. V	√hat is	s the minim	um investn	nent that wi	II be accepted	from any	individual?	******					60,000
3. D	Issu) oes th	er reserves ne offering	the right to s permit joint	sell fraction t ownership	al units or inte of a single ur	rests.) nit?		*****				Yes ⊠	No □
o li o	r simi sted i: f the b	lar remune s an associa proker or de	ration for sated person	olicitation or agent of ore than five	of purchasers f a broker or ce (5) persons tealer only.	in connecti lealer regis	tion with sale stered with th	s of securit e SEC and/	ies in the of or with a sta	ffering. If a te or states,	person to be list the name		
Full Name (Last name first, if individual) ARNOLD, Steven A.													
Business or Residence Address (Number and Street, City, State, Zip Code) 10542 S. Jordan Gateway, Suite 330, Salt Lake City, Utah 84095													
OMN	Name of Associated Broker or Dealer OMNI Brokerage, Inc.												
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  (Check "All States" or check individual States)													
[ AL]? [ IL ]. [MT]	XX XX	[AK] [ IN] [NE]	[AZ]   IA] [NV]	[AR] [ KS] [NH]	[CA] [KY]XX [NJ ]XX	[ CO] [ LA] [NM]	[ CT] [ME]XX [NY]XX	[ DE]XX [MD] [ NC]XX	[ DC] [MA] <b>XX</b> [ ND]	[FL]XX [MI]XX [OH]	[ GA] [MN]XX [ OK]	[ HI] [ MS] [ OR]	States [ ID] [MO] [PA]XX
[RI] Full N	ame i	[SC] (Last name	[SD]XX first, if indi	[TN] ividual)	[TX]XX	[UT]	[ VT]XX	[ VA]XX	[WA]XX	[WV]	[ WI]XX	[WY]XX	[PR]
		(*****	,	,									
Busine	ess or	Residence	Address (N	Number and	Street, City,	State, Zip (	Code)					·	
Name	of As	sociated Br	oker or Dea	aler		,							
States	in Wl	nich Person	Listed Has	Solicited of	or Intends to S	olicit Purc	hasers					•	
[ 41 ]	(C				dual States)		[ CT]	I DEI	[ DC]	(EI)		_	States
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[MT] [RL]		[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ ] [TX]	[NM] [ UT]	[NY] [ VT]	[ NC] [ VA]	[ ND] [WA]	[OH] [WV]	•	[ OR] [WY]	[PA ] [PR ]
Full N	ame	(Last name	first, if ind	ividual)									
Busine	ess or	Residence	Address (N	Number and	Street, City,	State, Zip	Code)						
Name	Name of Associated Broker or Dealer												
States	in W	hich Person	Listed Has	Solicited of	or Intends to S	olicit Purc	hasers				· · · · · · · · · · · · · · · · · · ·		
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	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PRO	CEEDS	
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	\$	\$
	Equity	\$	\$
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify) Tenant In Common	\$ <u>4,000,000</u>	\$ <u>4,000,000</u>
	Total	\$ <u>4,000,000</u>	\$ <u>4,000,000</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".		
	Accredited Investors	Number Investors	Aggregate Dollar Amount of Purchases \$ 4,000,000
	Non-accredited Investors.	0	<b>\$</b> 0
	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 Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4a.	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		\$ 10,000
	Legal Fees		\$ <u>268,750</u>
	Accounting Fees		\$
	Engineering Fees		\$
	Sales commissions (specify finders' fees separately)		\$ 360,000
	Other Expenses (identify) Appraisal Fee; Survey, Engineering and Environmental Report; Due Diligence Rep Travel and Marketing Expenses; Cotingency	orts; Loan Fees;	\$ 161,250

Total .....

\$\_\_\_

800,000

	C. OFFERING PE	RICE, NUMBER	OF INVESTOR	S, EXPENSES AND USE OF	PRC	CEE	DS		
b.	Enter the difference between the aggrega expenses furnished in response to Part C issuer."	te offering price g Question 4.a. Thi	iven in response is difference is th	to Part C - Question 1 and to e "adjusted gross proceeds to t	tal he			\$ <u>3</u>	200,000
5.	Indicate below the amount of the adjusted the purposes shown. If the amount for a the left of the estimate. The total of the set forth in response to Part C- Question	ny purpose is not payments listed mu	known, furnish a	n estimate and check the box	to				
							yments to		
						Di	Officers, rectors, & Affiliates		nents To
Sal	aries and fees				🛛	\$	850,000	<b>S</b>	
Pu	rchase of real estate	••••••••••			🛭	<b>S</b>		\$ <u> </u>	.600,000
Pu	rchase, rental or leasing and installation of r	nachinery and equi	pment		🗆	\$		\$	
Со	nstruction or leasing of plant buildings and	facilities			🗆	\$		\$	
	quisition of other businesses (including the								
	change for the assets or securities of another	•	<b>~</b> ,						
	payment of indebtedness								
	orking capital (Reserves)	••••••		***************************************	⊠	2		ş	<u>750,000</u>
Ou	ner (specify):					•		<b>a</b> -	
••••								»	
	lumn Totals					-	950,000	S	250,000
Co	Total Payments Listed (column total					<b>3</b>			<u>,350,000</u> ,200,000
		D. I	FEDERAL SIGN	NATURES					
sig	e issuer has duly caused this notice to be nature constitutes an undertaking by the is ormation furnished by the issuer to any non-	signed by the und	ersigned duly au the U.S. Securi	thorized person. If this notic ties and Exchange Commission					
	uer (Print or Type) averse Bay Senior Properties LLC	Signature	Me	Date	Ju	_ 3	1, 2007		
	me of Signer (Print or Type) arles E. Maulbetsch	President of	er (Print or Type) Christopher Place Manager of the	ace Senior Communities LLC	C, the	Sole I	Member of	CP Tra	verse
			ATTENTIC						
	Intentional misstatements or o	missions of fa	ct constitute	federal criminal violation	ons.	(Se	e 18 U.S.	C. 1001	i.)

	See Append	dix. Column 5. for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.									
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.									
	e issuer has read this notification and knows horized person.	the contents to be true and has duly cau	sed this notice to be signed on its behalf by the undersigned duly							
	uer (Print or Type) averse Bay Senior Properties LLC	Signature May May	Date Jul 31, 2007							
	me (Print or Type) arles E. Maulbetsch	Title (Print or Type) President of Christopher Place Se	nior Communities LLC, the Sole Member of CP Traverse							

Bay LLC, the Manager of the Issuer

E. STATE SIGNATURE

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

### 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.



Yes

No ⊠