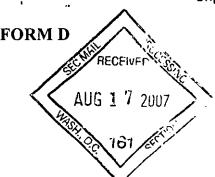
Originally-Executed Version



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 APPROVAL					
OMB NUMBER:	3235-0076				
Expires:	April 30, 2008				
Estimated aver	age burden				
hours per respo	onse 16.00				

SEC USE ONLY					
Prefix	Serial				
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Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
Gemini Total Return Gold Fund, LLC - Offering of Limited Liability Company Interests							
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 DATA							
1. Enter the information requested about the issuer		1 1 1 1 1 1 1 1 1 1 1					
Name of Issuer (check if this is an amendment and name has changed, and indicate change	.)						
Gemini Total Return Gold Fund, LLC							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Numbe	07075271					
711 Fairway Drive, Suite 102, Palm Beach Gardens, FL 33418	(561) 282-4579						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number	(Including Area Code)					
(if different from Executive Offices) Same as above.							
Brief Description of Business: Investments in securities.		_					
Type of Business Organization							
☐ corporation ☐ limited partnership, already formed ☒ €	other (please specify): Delaware Limited					
☐ business trust ☐ limited partnership, to be formed	Liabi	lity Company PROCESSED					
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation to CN for Canada; FN for other foreign jurisdiction)	Actual Estimate	ed					
GENERAL INSTRUCTIONS Federal:		FINANCIAL					
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regula Or 15 U.S.C. 77d(6).	tion D or Section 4(6						
When To File: A notice must be filed no later than 15 days after the first sale of securities in the of Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at address after the date on which it is due on the date it was mailed by United States registered or certifie	the address given be	clow or, if received at that					

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 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 general partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer ☐ Director ☑ General and/or Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partners Full Name (Last name first, if individual) Ascani, Daniel Business or Residence Address (Number and Street, City, State, Zip Code) 711 Fairway Drive, Suite 102, Palm Beach Gardens, FL 33418 ☐ Executive Officer ☐ Director ☐ General and/or Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es)that Apply: ☐ Promoter ☐ General and/or Managing Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Director Check Box(es)that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ General and/or Managing Partners 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 Partners 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 Partners 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 Partners Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING												
											Yes	
1. Has the issuer sold, or does the issuer intend to send, to non-accredited investors in this offering?							🗆	X				
	Answer also in Appendix, Column 2, if filing under ULOE.											
2. What is	the minim	um investr	nent that w	ill be accep	ted from a	ny individu	al?				<u>\$50</u> 0	*000,000
* May	be reduced	d, in the so	le discretion	of the Ma	nager.							
3. Does th	ne offering	permit join	t ownership	of a single	e unit?			•••••••			Yes ⊠	No
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated person of such a broker or dealer, you may set forth the information for that broker or dealer only. NOT APPLICABLE.												
Full Nam	e (Last nan	ne iirst, ii i	naiviauai)									
Business	or Residen	ce Address	(Number	and Street	, City, Stat	e, Zip Code	;)					
Name of	Associated	Broker or	Dealer					<u> </u>				**********
Ctatag in 1	Which Does	om Listad l	has Solicite	d on Intond	a to Colinit	Durchagera						
-			individual								🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[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]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last nan	ne first, if i	ndividual)									
Rucinece	or Reciden	ca Address	(Number	and Street	City Stat	a Zin Code	.,					
Dusiness	or residen	cc Addiess	(IAmilioci	and Succe	, City, Stat	e, zip code	-)					
Name of	Associated	Broker or	Dealer						•			
States in '	Which Pers	on Listed I	has Solicite	d or Intend	s to Solicit	Purchasers			.			
			individual							•••••	🗖	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[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]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last nam	ne first, if i	ndividual)			T11,00				.		
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Code	;)					
Name of A	Associated	Broker or	Dealer			<u></u>					·-·	
States in Which Person Listed has Solicited or Intends to Solicit Purchasers												
·			individual !	States)						• • • • • • • • • • • • • • • • • • • •	🗆	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[14]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEED	S	
. Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box □ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.			
Thurs of Committee	Aggregate Offer Amount	ing	Amount Already Sold
Type of Security Debt	\$ 0		\$ <u>0</u>
Equity	\$0		\$ 0
□ Common □ Preferred			
Convertible Securities (including warrants)	\$ 0		\$ <u>0</u>
Limited Partnership Interests	\$ 0		\$ <u>0</u>
Other (Specify)Limited Liability Company Interests	\$ 500,000,000 ¹		\$_500,000
Total	\$ 500,000,000		\$_500,000
Answer also in Appendix, Column 3, if filing under ULOE			
. 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		Aggregate Dollar Amount of
	Investors		Purchases
Accredited Investors	1		\$ <u>500,000</u>
Non-accredited Investors	0		\$ <u>0</u>
Total (for filings under Rule 504 only)	0		\$ <u>0</u>
Answer also in Appendix, Column 4, if filing under ULOE. 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.	N/A		\$ <u>0</u>
Regulation A	N/A		\$ <u>0</u>
Rule 504	N/A		\$ 0
Total	N/A		\$ 0
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			\$ <u>0</u>
Printing and Engraving Costs		X	\$ 2,000
Legal Fees		X	\$_50,000
Accounting Fees		X	\$_4,000
Engineering Fees			\$0
Sales Commissions (specify finder's fees separately)			\$ <u>0</u>
Other Expenses (identify) Miscellaneous Blue Sky State Filing Fees		X	\$_4,000
Total		X	\$_60,000

¹ This is a target offering amount. The actual offering amount may be larger or smaller.

b. Enter the difference between the aggregate offering price given 1 and the total expenses furnished in response to Part C - Ques "adjusted gross proceeds to the issuer"	\$ <u>4,999,940,000</u>				
5. Indicate below the amount of the adjusted gross proceeds to the iss for each of the purposes shown. If the amount for any purpose is and check the box to the left of the estimate. The total of the padjusted gross proceeds to the issuer set froth in response to Part C	not known, furnish an est payments listed must equa	imat	e		
Salaries and fees			Payments To Officers, Directors, & Affiliates \$ 0		Payments To Others \$ 0
Purchase of real estate	•••••		\$ <u>0</u>		\$ <u>0</u>
Purchase, rental or leasing and installation of machinery and ex	quipment		\$ <u>0</u>		\$ <u>0</u>
Construction or leasing of plant buildings and facilities	•••••		\$ <u>0</u>		\$ <u>0</u>
Acquisition of other businesses (including the value of securities offering that may be used in exchange for the assets or securities issuer pursuant to a merger)	s of another		\$_0		\$ <u>0</u>
Repayment on indebtedness			\$ 0		\$.0
Working capital			\$ 0		\$ 0
Other (specify): Investments in securities.			\$ <u>0</u>	X	\$ <u>4,999,940,000</u>
Column Totals Total Payments Listed (column totals added)			\$ <u>0</u>	(X) 1,999,9	\$ <u>4,999,940,000</u> 940,000
a ledens	ALLON E THE				
The issuer has duly caused this notice to be signed by the undersign following signature constitutes an undertaking by the issuer to furnish information furnished by the issuer to any non-accredited investor purs	to the U.S. Securities Cor	nmis	ssion, upon writte		
Issuer (Print or Type)	Signature		Da	te j	
Contribute Coll For 1 11 C		Q.	$1 \mid \hat{\lambda}$	×/(V/57
Gemini Total Return Gold Fund, LLC Name of Signer (Print or Type)	Title of Signer (Print or I	(vne)	<u> </u>	<u> </u>	
• • • • • • • • • • • • • • • • • • • •) F -)			
Daniel Ascani	Principal		<u> </u>		
A T-	IENTION				
Intentional misstatements or omissions of fact const		al v	iolations. (Se	e 18	U.S.C. 1001.)

END