# FORM D

RECEIVED 2007

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

# FORM D

P 0 6 2007 PORSUA

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

OMB APPROVAL

OMB Number: 3235-0076

Expires: April 30, 2008

Estimated average burden hours per response 16

SEC USE ONLY					
Prefix	Serial				
l					
DATE REC	EIVED				
	1				

V6/210	/S/				
Name of Offering ( check if this is an a	pendment and name has changed, and	indicate change.)	•••	PROCES	SED
Filing Under (Check box(es) that apply): Type of Filing:   New Filing	Rule 504 Rule 505 Amendment	Rule 506	Section 4(6)	ULOE SEP 11	2007
	A. BASIC IDE	NTIFICATION DATA		THOMO	201
1. Enter the information requested about	the issuer			MUNIO	עוכ
Name of Issuer ( check if this is a TPF Diversified (Offshore),	n amendment and name has changed, a Ltd.	and indicate change.)	<u> </u>	FINANC	AL.
Address of Executive Offices	(Number and Street, City	, State, Zip Code)	Telephone Numl	ber (Including Area Code)	
C/O Goldman Sachs (Cayma	an) Trust, LTD. Attn: Investo	or Services Department			
PO Box 896GT, Harbour Ce					
KY1-1103			1 10 0 10 2 10 11 10 10	1 89(1) 1000) SUST 10(1) 29(0) 10(1) 10(1)	
Address of Principal Business Operations	(Number and Street, City	, State, Zip Code)		<u>                                     </u>	
(if different from Executive Offices)					
Brief Description of Business:				<u> </u>	
Investment Fund			U.	7075808 _	
Type of Business Organization	<del> </del>		_	-	
corporation	limited partnership, already form	ed			
business trust	☐ limited partnership, to be formed		pecify): Cayma	n Islands exempted cor	npany
Actual or Estimated Date of Incorporation of Jurisdiction of Incorporation or Organization	or Organization:  (Enter two-letter U.S.	Postal Service abbreviation for		imated	
	CN for Canada; FN for	r other foreign jurisdiction)	<u> F  N  </u>		

# 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 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	cor and director (	or corporate issuers and c	r corporate general and i	nanaging paran	or partitorismp issuers,
<ul> <li>Each general and m</li> </ul>	anaging 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, i Eby, Douglas Carlton	f individual)			,	
Business or Residence Addre 7501 Wisconsin Avenu		<u> </u>	Code)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i Miles, Reid	f individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip (	Code)		
7501 Wisconsin Avenu			· · · · · · · · · · · · · · · · · · ·		
	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, i Wirta, Ray					
Business or Residence Addre 7501 Wisconsin Avenu	•		Code)		
Check Box(es) that Apply:		☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, TPF Diversified (Offsh		Trust			
Business or Residence Addre			Code)		
87 Mary Street, Georg					· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply:		☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or  Managing Partner
Full Name (Last name first,	, 				
Business or Residence Addre	ess (Number and	d 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 Addre	ess (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 Addre	ess (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 Addr	ess (Number and	Street, City, State, Zip	Code)		

				В. І	NFORM <i>A</i>	TION AB	OUT OF	FERING				
l. Has	the issuer s	old, or do	es the issu	er intend t	o sell, to n	on-accredi	ted investo	rs in this o	ffering?		Yes □	No ⊠
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.												
2. What is the minimum investment that will be accepted from any individual?							\$ <u>5(</u>	\$ <u>500,000*</u>				
3. Does	Does the offering permit joint ownership of a single unit?						Yes ⊠	No □				
any the o SEC are a only	commission offering. If and/or with associated	n or similar a person h a state of persons of	ar remune to be liste or states, li such a br	ration for d is an ass st the nam roker or de	solicitatior sociated pe e of the br	n of purcha erson or ag oker or de	sers in congent of a brailer. If more	nnection w roker or de re than five	ith sales of ealer regist (5) persor	or indirectly, f securities in ered with the ns to be listed oker or dealer		
Business	or Residen	ice Addres	s (Numbe	r and Stree	et, City, St	ate, Zip Co	ode)					<del>.</del>
Name of	Associated	Broker o	r Dealer									
	Which Per											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]
	ne (Last nar						··					
	or Residen		`	r and Stree	et, City, St	ate, Zip Co	ode)					
Name of	Associated	Broker o	r Dealer									
	Which Per eck "All Sta		-								🗀 All S	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 Nam	ne (Last nar	ne first, if	individual	1)								
Business	or Residen	ce Addres	s (Numbe	r and Stree	et, City, Sta	ate, Zip Co	de)					
Name of	Associated	Broker o	r Dealer			·	, ,					
	Which Per										[] All !	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[/II]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[/ L) [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]

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

<sup>\*</sup>The Directors, in their sole discretion, may accept a lesser 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 \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.						
	Type of Security		ggregate ering Price		Amo	unt Alread Sold	у
	Debt	\$	-	\$	;		
	Equity			_			
	□ Common     □ Preferred     □	\$	Unlimited	\$	;		0
	Convertible Securities (including warrants)	s —		- \$	·		
	Partnership Interests	\$		- \$		•••	
	Other (Specify)	· —		- \$	; —		
	Total	· —	Unlimited	- \$	; <u> </u>		0
	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."					<b>A</b>	
	Accredited Investors	Nur	nber Investors	S	Do	Aggregate Ilar Amour Purchases	3
			<del></del>	-			0
	Non-accredited Investors.		0	_	\$		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		Do	ollar Amou Sold	nt
	Rule 505		Security		\$	Sold	
	Regulation A			_	s		
	Rule 504			_	¢		
					Φ		
	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		1		\$	0.00	
	Printing and Engraving Costs		ĺ		\$	0.00	
	Legal Fees				\$	0.00	
	Accounting Fees			_ 	\$	0.00	
	Engineering Fees				\$	0.00	<del></del>
	Sales Commissions (specify finders' fees separately)		·	_	\$	0.00	
	Other Expenses (identify)				\$	0.00	
	Total			_	•	0.00	

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

	C. OFFERING PRICE, N	IUMBER OF INVESTORS, EXPENSES	AND US	E OF PROC	EEDS	
		egate offering price given in response to Part C sponse to Part C - Question 4.a. This difference			\$	Indefinite
5.	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 amount for any purpose is not known, furnis estimate. The total of the payments listed must efforth in response to Part C - Question 4.b above.	h an			
	and any and a great processes to the labels and	oral in response to that expression his above.		yments to		
				Officers,	_	
				irectors & Affiliates	Pa	yments To Others
	Salaries and fees	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$ <sup>°</sup>	0.00	□ \$	0.00
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ \$	0.00	\$	0.00
	Purchase, rental or leasing and insta	llation of machinery and equipment	\$	0.00		0.00
	Construction or leasing of plant bui	dings and facilities	□ \$	0.00	\$	0.00
	Acquisition of other businesses (in	cluding the value of securities involved in		<del></del>	<del></del>	
	this offering that may be used in	exchange for the assets or securities of				
	•		□ \$	0.00	_ 🗆 \$	0.00
	• •		□ \$	0.00	_ 🗆 \$	0.00
	Working capital		□ \$	0.00	□ \$	0.00
	Other (specify): Portfolio Investm	ents	□ \$	0.00	_ ⊠ \$	Indefinite
	Column Totals		□ \$	0.00	⊠ \$	Indefinite
	Total Payments Listed (column tota	ls added)	⊠ \$		 Indefini	te
		D. FEDERAL SIGNATURE				
the	following signature constitutes an unde tten request of its staff, the information f	signed by the undersigned duly authorized rtaking by the issuer to furnish to the U.S. urnished by the issuer to any non-accredited	Securitie	es and Exchai	nge Comr	nission, upon
Issue	er (Print or Type)	Signature		Date		
TPF	Diversified (Offshore), Ltd.			August 3	2007	
	e of Signer (Print or Type)	Title of Signer (Print or Type)			,	
Dou	glas Carlton Eby	Director				

**ATTENTION** 

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

