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FORM D S VIIII 160 SEIGH

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 OMB APPROVAL
OMB Number: 3235-0076
Expires: April 30, 2008
Estimated average burden

Estimated average burden Hours per response: 16.00

SEC U	SE ONLY
Prefix	Serial
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DATE F	RECEIVED
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UNIFORM LIMITED O	FFERING EXE	MPTION			
Name of Offering (check if this is an amendment and name Candlewood Capital Partners Fund Ltd.	has changed, as	nd indicate ch	ange.)		
Filing Under (Check box(es) that apply): Rule 504 Rul	e 505 🛛 Rul	e 506 🔲 Se	ction 4(6) 🔲 UI	LOE	
Type of Filing: New Filing					
A. BAS	SIC IDENTIFIC	CATION DAT	A	_	
Enter the information requested about the issuer					
Name of Issuer (check if this is an amendment and name has Candlewood Partners Fund Ltd.	changed, and ir	ndicate change	:.)	0707	6083
Address of Executive Offices (Number and Street, City, State, Zip Citco Fund Services, (Cayman Islands) Limited, Windward I, West Bay Road, P.O. Box 31106 SMB, Grand Cayman, KY 1	2nd Floor, Regatt:		Telephone 1	Number (Including A (416)-969-6700	•
Address of Principal Business Operations (Number and Street, Ci (if different from Executive Offices)	ty, State, Zip Co		Telephone l	Number (Including A	Area Code)
Brief Description of Business To operate as a private investm	ent fund.	AUCAA	OOED	·	
Type of Business Organization		AUG 3 ()	2007		
☐ corporation ☐ limited partnership, al	lready formed	HOMS	ON please spec	rify): exempted limit	ed liability company
☐ business trust ☐ limited partnership, to	be formed	1.0.000	AL		
Actual or Estimated Date of Incorporation or Organization:	Month <u>05</u>	Year <u>07</u>		☐ Estimated	
Jurisdiction of Incorporation or Organization (Enter two-letter U.S. CN for Canada; FN				<u>FN</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 Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Management Company Full Name (Last name first, if individual) Murray, Victor Business or Residence Address (Number and Street, City, State, Zip Code) Citco Fund Services, (Cayman Islands) Limited, Windward I, 2nd Floor, Regatta Office Park, West Bay Road, P.O. Box 31106 SMB, Grand Cayman, KY 1-1205, Cayman Islands Check Box(es) that Apply: ☐ Beneficial Owner ☐ Executive Officer □ Director Promoter General and/or Managing Partner Full Name (Last name first, if individual) Cameron, Karen Business or Residence Address (Number and Street, City, State, Zip Code) Citco Fund Services, (Cayman Islands) Limited, Windward I, 2nd Floor, Regatta Office Park, West Bay Road, P.O. Box 31106 SMB, Grand Cayman, KY 1-1205, 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, Zip Code) Check Box(es) that Apply: Beneficial Owner General and/or Promoter ☐ Executive Officer Director Managing Partner 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 Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: ☐ Promoter ☐ General and/or ☐ Beneficial Owner Executive Officer ☐ Director Managing Partner 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 Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

					В.	INFORMA	TION ABO	OUT OFFE	RING			•	
1.	Has the	issuer sole	d, or does the	ne issuer in	tend to sel	l, to non-ac g under UL	credited in	vestors in t	his offering	?	Yes	No ⊠	
2.						g under OL oted from a		ıal			\$10	*000,000	
						ectors to ac				*******************************	······ <u>9-1</u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
		•					•				<u>Ye</u>	s <u>No</u>	
3.	Does th	e offering	permit join	t ownershi	p of a singl	e unit					🛛	. 🖵	
						no has been							similar sociated person or
						and/or with							
													only. Not
	Applica	able						•					
Full Nan	ne (Last	name first	, if individ	ual)									
Business	or Res	idence Ado	lress (Num	ber and Str	eet, City, S	tate, Zip C	ode)						
Name of	Associa	ated Broke	r or Dealer										
				icited or Ir	itends to Si	olicit Purch	acerc						
			or check in			Jiich i dien	ascis					☐ Al	l 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]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
	RI}	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nan	ne (Last	name first	, if individ	1al)									
Business	or Resi	idence Ado	lress (Num	ber and Str	eet, City, S	state, Zip C	ode)						
Name of	Associa	ated Broke	r or Dealer										
			ted Has Sol or check in			olicit Purch	asers					☐ Al	l States
ſ	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] RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
			, if individu		. ,								
Business	or Resi	idence Ado	lress (Num	ber and Str	eet, City, S	state, Zip C	ode)						
Name of	Associa	ated Broke	r or Dealer										
States in	which l	Person Lis	ted Has Sol	icited or Ir	itends to Sc	olicit Purch	asers						
			or check in			onen 1 utell						☐ Al	l States
ſ	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]
L	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.)

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

۱.	Enter the aggregate offering price of securities included in this offering and the total amount already s "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the cothe securities offered for exchange and already exchanged.				
	Type of Security	Aggregat Offering Price		Amount Already Sold	
	Debt			\$0 \$0	
	Equity				
		\$300,000,000	' — -	\$300,000	
	[X] Common [] Preferred	* 0		•	
	Convertible Securities (including warrants)			\$	
	Partnership Interests			\$0	
	Other (Specify Class A Non-Voting Shares)	<u>\$0</u>		\$ 0	
	TotalAnswer also in Appendix, Column 3, if filing under ULOE.	\$300,000,000	<u>.</u> .	\$300,000	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this off amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have paggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				ollar
		Number Investors		Amount o	f
	Accredited Investors	1		\$300,000	
	Non-accredited Investors	0		\$0	
	Total (for filing under Rule 504 only)			\$	
3.	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 offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this off type listed in Part C - Question 1.	ering. Classify	securitie	es by	
	Type of Offering		pe of curity	Dollar Amount S	
	Rule 505		·	\$	
	Regulation A			<u> </u>	
	Rule 504			\$	
	Total			\$	
١.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securitie amounts relating solely to organization expenses of the issuer. The information may be given as subjet the amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	s in this offerin		ıde	
	Transfer Agent's Fees		[]	\$0	
	Printing and Engraving Costs		[X]	\$*	
	Legal Fees		[X]	S*	
	Accounting Fees		[X]	<u>*</u>	
	Engineering Fees		, , []		
	Sales Commissions (specify finders' fees separately)		, []		—
	Other Expenses (identify)		[X]		
	Total		[X]	~~~	_
			٠٠٠)	400,000	

^{*}All offering and organizational expenses are estimated not to exceed \$60,000

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

	b. Enter the difference between the aggregate offering price giver expenses furnished in response to Part C - Question 4.a. This diffissuer."	ference is tl	he "ad	justed	l gross proceeds to	the o		\$299,940,000
5.	Indicate below the amount of the adjusted gross proceeds to the is purposes shown. If the amount for any purpose is not known, fur estimate. The total of the payments listed must equal the adjusted C - Question 4.b above.	nish an esti	imate	and cl	neck the box to the	e left (of the	
					Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees	•••••	[]	\$	[1	\$
	Purchase of real estate		ĺ]	\$	[]	\$
	Purchase, rental or leasing and installation of machinery and equi	pment	ĺ]	\$	[]	\$
	Construction or leasing of plant buildings and facilities		ĺ	1	\$	[]	\$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assessecurities of another issuer pursuant to a merger)		ĺ]	\$	[]	\$
	Repayment of indebtedness		ĺ]	\$	[]	\$
	Working capital		[]	\$	[]	\$
	Other (specify): Investment Capital investing in Candlewood C. Partners Master Fund Ltd.	apital_	ĺ	x]	\$299,940,000	[]	\$
	Column Totals		[x]	\$299,940,000 [x] 5	[\$299,9		<u>\$</u>
	D. FED	ERAL SIC	INAT	URE				
sign	sissuer has duly caused this notice to be signed by the undersigned nature constitutes an undertaking by the issuer to furnish to the U.S. ormation furnished by the issuer to any non-accredited investor purs	. Securities	and E	xcha	nge Commission,			
Issu	ner (Print or Type)	Signature			1		1	Date 120 27
Car	ndlewood Partners Fund Ltd.	April	20	-fa	gfell			8/20/01
Naı	ne of Signer (Print or Type)	Title of Sig	ner (F	rint Ø	Type)			
Phi		Senior Op Investmen		_		uisse	Alte	ernative Capital, Inc., the

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

	E. STA	TE SIGNATURE							
1.	Is any party described in 17 CFR 230.262 presently subject to an	y of the disqualification provisions of such rule?	Yes No						
	See Appendix, Column 5, fo	or state response. Not applicable							
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. Not applicable								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable								
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. Not applicable								
	e issuer has read this notification and knows the contents to b dersigned duly authorized person.	e true and has duly caused this notice to be si	igned on its behalf by the						
Isst	uer (Print or Type)	Signature	Date						
Car	ndlewood Partners Fund Ltd.	Philip Jagfold 8/20							
Na	me (Print or Type)	Title (Print or Type)							
Phi	llip Langfelder	Senior Operating Officer of Credit Suisse Alternative Capital, Inc., the Investment Manager							

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.

APPENDIX

CANDLEWOOD PARTNERS FUND LTD.

1	Intend to non-acc invest Sta (Part B-	o sell to redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)		4 avestor and amo	5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State		N.	Par Value U.S. \$0.01 per Share	Number of Accredited		Number of Non- Accredited		v	
State	Yes	No	\$300,000,000	Investors	Amount	Investors	Amount	Yes	No
AK									
AL									
AR						;			
AZ									
CA							<u> </u>	-	
СТ			-						
DC									
DE							<u> </u>		
FL									
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IL			·				1		
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KS									
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MA									
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MS									

APPENDIX

CANDLEWOOD PARTNERS FUND LTD.

1	2	· · ·1	3	WOOD PAI	AINERSFU	ND LID.			5
,	Intend to non-acc invest Sta (Part B-	o sell to redited ors in ite	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of i	nvestor and amo (Part C-I	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Class A Shares Par Value U.S. \$0.01 per Share	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	A	Von	No
· · · · · · · · · · · · · · · · · · ·	1 es	NO	\$300,000,000	investors	Amount	Investors	Amount	Yes	No
MT									1
NC									
ND NE									
NH									
NJ	 								
NM									
NV			,						
NY		х	X	1	\$300,000	0	0		
ОН					•				
OK									
OR									
PA									
PR									
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SC									
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WV				******					
WY									<u> </u>

