FORM D

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

OMB APPROVAL					
OMB Number: 3235-0076					
Expires:	Apri	30,2008			
Expires: April 30,2008 Estimated average burden					
hours per response 16.00					

306704

SEC USE ONLY					
	Serial				
<u> </u>					
DATE RECEIVED					
1	ı				

Name of Offering (check if this is an amer	idment and name has changed, and indicate change.)	
Private offering of limited partnership inter	ests	
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section 4(6)	LOECEIVED
Type of Filing: New Filing Amenda	nent	
		SEP 0 5 2007
	A. BASIC IDENTIFICATION DATA	7 0 5001
1. Enter the information requested about the is	suer	PAT COLL
Name of Issuer (check if this is an amendm	ent and name has changed, and indicate change.)	186
Majesty I, L.P.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
21 Kercheval, Suite 265, Grosse Pointe Fa	arms, MI 48236	313-640-7924
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	and and are are are are	
Same PRO	CESSED	1.00
Brief Description of Business	&	I DARSIA BURNI MARIA BURNI MARIA BURNI ARRIA ARRIA ARRIA DING DAR
Private investment fund CFP	1 1 2007	
	2001 -	
Type of Business Organization	OMSON	nlease specify): 07077036
corporation	IARIFANI -	please specify):
business trust	had ballinership, to be formed	
	Month Year	
Actual or Estimated Date of Incorporation or Org		mated
Jurisdiction of incorporation of Organization: (E	Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
	Oil for Ominada, 111 for other foreign jurisdiction)	
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 predictated on the filing of a federal notice.

		A. BASIC IDE	ENTIFICATION DATA		
2. Enter the information re	equested for the fo		ATTITION DATA		
	-	suer has been organized w	ithin the past five years:		
•		-	•	of. 10% or more o	f a class of equity securities of the issue
			corporate general and mai		
		f partnership issuers.	sorporate Beneral and man	gg F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Each general and i	managing partier c	partnersing issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)	·			
Majestic Capital Manage	ement, LLC				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
21 Kercheval, Suite 265,	Grosse Pointe	Farms, MI 48236			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)		···		
Cimmarrusti, Anthony B.					
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
21 Kercheval, Suite 265,	Grosse Pointe F	arms, MI 48236			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Gray, Bryce D.	if individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	ode)		
21 Kercheval, Suite 265,	•	•	,		
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 Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
F. 11.11 /7	ternaturanus				
Full Name (Last name first,	it individual)				
D	Almaha	Samuel City Same 7:- C	-44		
Business or Residence Addre	ess (Number and	Street, City, State, Zip Co	oue)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
P. H. M	ie in aint anns				
Full Name (Last name first,	it individual)				
D. Charles D. Charles	(ht., 1	Carried City, Carrier 71 C	o d o)		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
t an itame (East name mist,					
Business or Residence Addr	ess (Number and	Street, City, State, Zip Co	ode)		 .
AL MADIGAMA 17001.	/	,,, c.a.e, e.p c.	,		

					B. 1N	FORMATI	ON ABOU	T OFFERI	NG					
1. H	. 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 IX						
2. V	What is	the minim	um investm									\$_100,000.00		
, ,) th .	a ffanina a	permit joint	. augaaahi	n of o sino	la nait?						Yes	No	
4. E	Enter the	e informat	ion request	ed for eacl	h person w	ho has bee	n or will b	e paid or g	given, dire	ctly or ind	irectly, any	_		
ce Ii	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 or agent 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 persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full N N/A	Vame (I	ast name	first, if indi	vidual)										
	ess or I	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)		 -					
														
Name	of Ass	ociated Br	oker or Dea	aier										
			Listed Has					<u>.</u>	_			•		
(Check '	'All States	" or check	individual	States)		***************************************					☐ Al	All States	
_	AL	AK	ΑŻ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
_	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD]	MA ND	MI OH	MN OK	MS OR	MO PA	
_	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Full N	Name (I	ast name	first, if indi	ividual)				_ .						
Busin	ness or	Residence	Address (?	Number an	d Street, C	ity, State, 2	Zip Code)							
Name	of Ass	ociated Br	oker or De	aler										
			Listed Has											
(Check '	'All States	s" or check	individual	States)			****************			***************************************		1 States	
_	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
_	IL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA	
_	RÍ	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR	
Full N	Name (I	ast name	first, if ind	ividual)										
Business or Residence Address (Number and Street, City, State, Zip Code)														
Name	e of Ass	ociated Br	oker or De	aler						_				
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)								l States						
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID	
	IL MT	IN NE	IA NV	KS	KY	LA NM	ME	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA	
_	MT RI	NE SC	NV SD	NH TN	NJ TX	UT	NY VT	VA	WA	WV	WI	WY	PR	

c. offering price, number of investors, expenses and use of proceeds $% \left(\mathbf{r}\right) =\left(\mathbf{r}\right)$

1.	Enter the aggregate offering 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.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt		\$
	Equity\$		
	☐ Common ☐ Preferred	_	
	Convertible Securities (including warrants)	;	\$
	Partnership Interests		
	Other (Specify)		
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.	·	<u> </u>
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."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors		\$
	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		\$_0.00
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 insurer. 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		\$
	Legal Fees		\$_20,000.00
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify) Copying, filing fees, communication charges, misc.	_	\$ 5,000.00
	Total	_	\$ 25,000.00

	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND USE OF F	ROCEEDS	
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C—proceeds to the issuer."			\$\$
5.	Indicate below the amount of the adjusted gross pro each of the purposes shown. If the amount for an check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	y purpose is not known, furnish an estimate and the payments listed must equal the adjusted gross		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$
	Purchase of real estate		\$	
	Purchase, rental or leasing and installation of mac and equipment	hinery	\$. 🗆 \$
	Construction or leasing of plant buildings and fac-	ilities		
	Acquisition of other businesses (including the val- offering that may be used in exchange for the asse issuer pursuant to a merger)	ets or securities of another	□ \$	
	Repayment of indebtedness		 	
	Working capital		\$	\$ 499,975.00
	Other (specify):		\$. 🗆 \$
				. 🗆 \$
	Column Totals		№ \$ 0.00	∠ \$_499,975.00
	Total Payments Listed (column totals added)			99,975.00
Г		D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to fur information furnished by the issuer to any non-acc	nish to the U.S. Securities and Exchange Commi-	ssion, upon writt	ule 505, the following en request of its staff
- Iss	uer (Print or Type)	Signature (1)	Date	
	ajesty I, L.P.	Cric U. Brill	September 1, 2	007
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)		
Eric	A. Brill	Attorney in fact for Anthony B. Cimmarrusti, Manag	er, Majestic Capit	al Management, LLC

END

- ATTENTION -

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