FORM D

UNITED STATES 7 1 7 5 SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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



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

SEC USE ONLY					
Prefix		Serial			
DA	TE RECE	VED			

UNIFORM LIMITED OFFERING EXE	MPTION						
Name of Offering (check if this is an amendment and name has changed, and indicate change.)							
Ontario Partners Plus, Ltd Offering of Ordinary Shares, issued in various classes	10C D Soution 4/60 DET UI OF 10						
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 5	06 ☐ Section 4(6) SULOE CEIVED						
Type of Filing: New Filing							
A. BASIC IDENTIFICATION DATA	SEP 0 6 2007						
1. Enter the information requested about the issuer							
Name of Issuer (nge.)						
Ontario Partners Plus, Ltd. Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including And Code)						
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o WSmiths Finance Limited, Nemours Chambers, P.O. Box 3170, Road Town, Tortola, British Virgin Islands	(284) 494-0525						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
(if different from Executive Offices) c/o Mansur Capital Corporation, John Hancock							
Center, 875 North Michigan Avenue, Suite 3620, Chicago, IL 60611	(312) 263-2400						
Brief Description of Business: Investments in securities.							
Type of Business Organization							
Corporation — immed [immed] ,	other (please specify): British Virgin Islands						
□ business trust □ limited partnership, to be formed	Business Company ESSET						
Actual or Estimated Date of Incorporation or Organization: Month Year	☑ Actual ☐ Estimated CED 1 1.2007						
CN for Canada; FN for other foreign jurisdiction)	——————————————————————————————————————						
GENERAL INSTRUCTIONS	FINANCIAL						
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Re 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 Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC address after the date on which it is due on the date it was mailed by United States registered or cere	at the address given below or, it 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 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. Check Box(es)that Apply: ☑ Promoter ☐ Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Bowleg, Melissa Business or Residence Address (Number and Street, City, State, Zip Code) Butterfield Fund Services (Bahamas) Limited, Montague Sterling Centre, East Bay Street, P.O Box N-674, Nassau, Bahamas Check Box(es)that Apply: □Beneficial Owner ☐ Executive Officer ☐ Promoter □ Director ☐ General and/or Managing Partners Full Name (Last name first, if individual) Bellot, Heather Business or Residence Address (Number and Street, City, State, Zip Code) Butterfield Fund Services (Bahamas) Limited, Montague Sterling Centre, East Bay Street, P.O Box N-674, Nassau, Bahamas Check Box(es)that Apply: ☐ Beneficial Owner ☐ Executive Officer ☐ Promoter □ 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) 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

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

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

☐ General and/or Managing Partners

☐ Director

				B. IN	FORMAT	ION ABO	UT OFFEI	RING				
1. He she issues and an dear the issues intend to sand to use according to investors in this officers 2						Yes	No ⊠					
1. Has the issuer sold, or does the issuer intend to send, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.							سے					
					\$500.0	000						
*Subj	2. What is the minimum investment that will be accepted from any individual? *Subject to the discretion of the board to reduce such amount, provided the board will not reduce this amount with respect to each class to below \$50,000							500				
	3. Does the offering permit joint ownership of a single unit?							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. N/A Full Name (Last name first, if individual)												
Tun Ivanis	e (Last nan	ic 1113t, 11 11	ilai i i audi j									
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Code	:)					
Name of	Associated	Broker or	Dealer									
States in	Which Pers	on Listed h	nas 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 Nam	e (Last nan	ne first, if in	ndividual)									
Business	or Residen	ce Address	(Number	and Street	, City, State	e, Zip Code	e)					
Name of	Associated	Broker or	Dealer									
States in	Which Pers	on Listed l	nas Solicite	d or Intend	s to Solicit	Purchasers	<u> </u>					,
								•••••	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**************	🗆	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 Nam	e (Last nan	ne first, if i	ndividual)									
Business	or Residen	ce Address	(Number	and Street	t, City, Stat	e, Zip Cod	e)					
Name of	Associated	Broker or	Dealer		 							
States in	Which Do-	on Listed 1	has Solicite	d or Intend	e to Solicie	Durahasan						
								•••••	••••••••	••••••	· 🗆	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]

(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	
 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		,,,,,
Type of Security Debt	Aggregate Offering Amount \$	Amount Already Sold \$
Equity. Ordinary Shares, used in various classes	\$ 1,000,000,000	\$ 1,151,171
EquityOrdinary Shares, used in various classes	¥ 1,000,000,000	V 1,131,171
Convertible Securities (including warrants)	\$	\$
Partnership Interests	S	\$
Other (Specify)	\$	\$
Total	\$ 1,000,000,000	\$ 1,151,171
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 3	Aggregate Dollar Amount of Purchases \$ 1,151,171
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	N/A	\$ N/A
Regulation A	N/A	\$ <u>N/A</u>
Rule 504		\$_N/A
Total	<u>N/A</u> .	\$ <u>N/A</u>
		\$ <u>N/A</u>
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		s
Printing and Engraving Costs		. •
Legal Fees.	_	
Accounting Fees.	_	

Other Expenses (identify)_____

Total....

⊠ \$

50,000

C. OFFERING PRICE, NUMBE	ER OF INVESTORS, EXPENSES AN	D US	SE OF PROCEE	DS	
b. Enter the difference between the aggregate of Question 1 and the total expenses furnished in resport the "adjusted gross proceeds to the issuer"	\$ <u>999,950,000</u>				
. Indicate below the amount of the adjusted gross proc for each of the purposes shown. If the amount for a and check the box to the left of the estimate. The adjusted gross proceeds to the issuer set froth in respon	ny purpose is not known, furnish an est total of the payments listed must equ	timat	e		
Salaries and fees			Payments To Officers, Directors, & Affiliates \$	0	Payments To Others \$
Purchase of real estate			\$		\$
Purchase, rental or leasing and installation of ma	achinery and equipment		\$		\$
Construction or leasing of plant buildings and fa			\$ <u>.</u>		\$
Acquisition of other businesses (including the value offering that may be used in exchange for the as issuer pursuant to a merger)	sets or securities of another		\$ \$ \$		\$ \$ \$999,950,000
Column Totals Total Payments Listed (column totals added)			\$	⊠ 99,95	\$ <u>999,950,000</u> 0,000
	D. FEDERAL SIGNATURE				
	D. FEDERAL SIGNATURE				
The issuer has duly caused this notice to be signed by following signature constitutes an undertaking by the he information furnished by the issuer to any non-accordance.	issuer to furnish to the U.S. Securities	Comi	mission, upon wr	led ur itten r	nder Rule 505, the equest of its staff,
Issuer (Print or Type) Ontario Partners Plus, Ltd.	Signatora Date 8/30/V7				
Name of Signer (Print or Type)	Title of Signer (Print or Type)			1	-
Thomas W. Kim	Authorized Signatory				

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