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PROCESSED FORM D SEP 2 4 2007 FHOMSON FINANCIAL Name of Offering (check if this is an amendment and name has changed, and indicate change.) WP Seattle NP Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE WP Seattle NP Filing Under (check if this is an amendment and name has changed, and indicate change.) WP Seattle NP I. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) WP Seattle NP, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) A775 Folsom Boulevard, Suite 200, Sacramento, CA 95826 Address of Principal Business Operations (Number and Street, City, State, Zip Code) If elephone Number (Including A 616) Southcenter Parkway, Suite 502, Seattle, WA 98188 Fig Description of Business Purchase, finance, development, operation, management and sale of commercial/industrial real estate.	UNIT SECURITIES AND E	OMB APPROVAL
Name of Offering check if this is an amendment and name has changed, and indicate change.	421 4.1	OMB Number: 3235-00 Expires:
PURSUANT O RECULARISON D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) WP Seattle NP Filting funder (Check box(es) that apply):	SED FC	Estimated average burden pours per response16.
FINANCIAL SECTION 4(6), AND/OR SECTION 4	2007 / NOTICE OF SA	SEC USE ONLY
Name of Offering (NAN Y PURSUANI IC	Brefix Serial
UNIFORM LIMITED OFFERING EXBUPTION Name of Offering (SECTION	DATE RECEIVED
WP Seattle NP Fling Under (Check box(es) that apply):	UNIFORM LIMITED	
A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) WP Seattle NP, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) (916) 381-1561 Address of Principal Business Operations (if different from Executive Offices) (Number and Street, City, State, Zip Code) (16) 381-1561 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (206) 248-0555 Brief Description of Business Organization (Street, City, State, Zip Code) (206) 248-0555 Brief Description of Business Organization limited partnership, already formed other (please specify): limited liability company Other (please specify): limited partnership, to be formed Imited liability company Other (please specify): limited partnership, to be formed Other (please specify): limited liability company Other (please specify): limited partnership, to be formed Other (please specify): limited liability company Other (please specify): limited partnership, to be formed Other (please specify): limited liability company Other (please specify): limited partnership, to be formed Other (please specify): limited partnership, to be formed Other (please specify): limited specification of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; PN for other foreign jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; PN for other foreign jurisdiction) Other (please specification) Other (please specificati	k if this is an amendment and name has chan	
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(if different from Executive Offices) 16400 Southcenter Parkway, Suite 502, Seattle, WA 98188 (206) 248-0555	Suite 200, Sacramento, CA 95826	
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Purchase, finance, development, operation, management and sale of commercial/industrial real estate. Type of Business Organization	ay, Suite 502, Seattle, WA 98188	3-0555
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corporation limited partnership, already formed other (please specify): limited liability company O70	pment, operation, management and sa	e
Actual or Estimated Date of Incorporation or Organization:	limited partnership, already t	F LANGUIL BRANK FANDILL DRANK KARATI LANGUS KAMAN
Actual or Estimated Date of Incorporation or Organization: OT Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN 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 se 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 land 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 alwhich 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 sphotocopies 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 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 Another filing Fee: There is no federal filing fee. State:		07077983
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 se 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 sand 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 all 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 shotocopies 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 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 anot be filed with the SEC. Filing Fee: There is no federal filing fee. State:	corporation or Organization: 09 (or Organization: (Enter two-letter U.S. Posta	
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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 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 another lifed with the SEC. Filing Fee: There is no federal filing fee. State:	s and Exchange Commission, 450 Fifth Stree	
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 not be filed with the SEC. Filing Fee: There is no federal filing fee. State:		Any copies not manually signed must
State:	filing must contain all information requested ted in Part C, and any material changes from the	of the issuer and offering, any chan A and B. Part E and the Appendix n
	I filing fee.	
ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state 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 accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitution notice and must be completed.	this form. Issuers relying on ULOE must find a state requires the payment of a fee as sotice shall be filed in the appropriate states	Administrator in each state where sa ption, a fee in the proper amount sh
ATTENTION	AT	

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	General and/or Managing Partner
Full Name (Last name first, if individual) Panattoni Investments, LLC	
Business or Residence Address (Number and Street, City, State, Zip Code) 8775 Folsom Boulevard, Suite 200, Sacramento, CA 95826	
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 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 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 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 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 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)	

					B. II	VFORMATI	ON ABOU	T OFFERI	NG				
1 I	Ioo tho	igguag gala	l, or does th	o iccuar ir	stand to col	II to non-si	ccredited i	nvestore in	this offeri	ng?		Yes	No x
I. F	nas ilic	issuer soit	i, or does ii								***************************************	Ľ	
2. V	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?					\$ 0.00	3						
,	what is the minimum investment that will be accepted from any individual?						Yes	No					
			permit joint										
c l o	commiss of a persons or states	sion or sim on to be lis , list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	olicitation rson or age aler. If mo	of purchase int of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered is to be list	sales of sec I with the S ed are asso	curities in t EC and/or	irectly, any he offering. with a state ons of such		
Full N	Name (I	ast name	first, if indi	vidual)									
Busin	ness or l	Residence	Address (N	umber and	l Street, Ci	ty, State, Z	ip Code)				<u> </u>		
Name	of Ass	ociated Bi	oker or De	aler				•					
States	s in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				.,		
((Check	'All States	" or check	individual	States)	***************************************		************			***************	□ All	States
	AL IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full 1	Name (I	ast name	first, if ind	ividual)						• • • • • • • • • • • • • • • • • • • •			
Busin	ness or	Residence	Address (1	Number an	d Street, C	lity, State,	Zip Code)						
Name	of Ass	ociated Bi	oker or De	aler			····						
			Listed Has										
((Check	'All State:	or check	individual	States)	***************************************	******					☐ AI	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR
Full ?	Name (I	ast name	first, if ind	ividual)									
Busin	ness or	Residence	Address (?	Number an	d Street, C	lity, State,	Zip Code)						
Name	of Ass	ociated Br	oker or De	aler					<u> </u>			 .	
States	s in Wh	ich Persor	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
((Check	'All State:	s" or check	individual	States)				***************************************			□ Al	States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA 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

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	€ 0.00	s 0.00
	Equity		s 0.00
	Common	J	_
	Convertible Securities (including warrants)	€ 0.00	0.00 \$
	Partnership Interests		s 0.00
	Other (Specify Membership Interest)		s 0.00
			\$ 0.00
	Total	\$	<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 Dollar Amount
		Investors	of Purchases
	Accredited Investors	3	\$_0.00
	Non-accredited Investors	0	\$ <u>0.00</u>
	Total (for filings under Rule 504 only)	3	\$ <u>0.00</u>
	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	Dollar Amount Sold
	· · · · · · · · · · · · · · · · · · ·	0	\$ 0.00
	Regulation A	0	s 0.00
	Rule 504		\$ 0.00
	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		s_ 0.00
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		- 0.00
	Accounting Fees		0.00
	Engineering Fees	_	0.00
	Sales Commissions (specify finders' fees separately)	_	- 0.00
	Other Expenses (identify)	_	s 0.00
	Total		\$ 0.00

	C. OFFERING PRICE, NUMB	BER OF INVESTORS, EXPENSES AND USE OF	PROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — C proceeds to the issuer."	Question 4.a. This difference is the "adjusted gros	S	\$
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Part	d		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		. 🗆 \$. 🗆 \$
	Purchase of real estate		. 🔲 \$. 🗆 s
	Purchase, rental or leasing and installation of mach and equipment	hinery	. 🗆 \$. 🗆 \$
	Construction or leasing of plant buildings and faci	lities	. 🗀 \$	s
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset issuer pursuant to a merger)	ts or securities of another	\$	_ []\$
	Repayment of indebtedness		. 🗆 s	. □\$
	Working capital		S 0.00	S 0.00
	Other (specify): 100% of capital to be contribute capital contributions	ed by the Members, as needed; no initial	\$ 0.00	\$_0.00
	•		□ \$	□\$
			_	
	Total Payments Listed (column totals added)			.00
		D. FEDERAL SIGNATURE		
sigi	issuer has duly caused this notice to be signed by the nature constitutes an undertaking by the issuer to furninformation furnished by the issuer to any non-accr	nish to the U.S. Securities and Exchange Comm	ission, upon writte	
İssı	er (Print or Type)	Signature	Date O Land	
WI	P Seattle NP, LLC	Motasher Zaharer	לרו אף	2007
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)	1	
1-4	asha Zaharov	Attorney, Panattoni Law Firm		

- ATTENTION —

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