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 April 30, 2008

Estimated average burden
hours per response: 16.00

SEC USE ONLY						
Prefix	Serial					
	DATE R	ECEIVED				
		1				

	·- · · · · · · · · ·	
Name of Offering (check if this is an amendment an		
Vontobel: Non-US Equity LLC: Limited Liability (Filing Under (Check box(es) that apply): ☐ Rule 5		Section 4(6) ULCEROCESSED
_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	704 C Rule 303 E Rule 300 I	d Section 4(0)
Type of Filing: ☐ New Filing ☑ Amendment	2.016	SEP 2 5 2007
	BASIC IDENTIFICATION DATA	3E1 Z 3 Z001
1. Enter the information requested about the issuer		THOMSON
Name of Issuer (□ check if this is an amendment an	nd name has changed, and indicate change.)	FINANCIAL
Vontobel: Non-US Equity LLC		
Address of Executive Offices (Number	r and Street, City, State Zip Code)	Telephone Number (including Area Code)
One New York Plaza, New York, New York 10	004	(212) 902-1000
Address of Principal Business Operations (Numb (if different from Executive Offices)	ber and Street, City, State and Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
To operate as a private investment fund.		
Type of Business Organization		
□ corporation □ 1:	imited partnership, already formed	☑ other (please specify):
□ business trust □ 1	imited partnership, to be formed	Limited Liability Company
	Month Year	
Actual or Estimated Date of Incorporation or Organiza	ation: 0 5 0 7	☑ Actual ☐ Estimated ☐ ☐ ☐ ☐
Jurisdiction of Incorporation or Organization: (E	Enter two-letter U.S. Postal Service abbrevia	tion for
St	tate: CN for Canada; FN for other foreign jur	isdiction) D E

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.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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	Ø	General and/or Managing Partner								
Full Name (Last name first, if individual)										
Goldman Sachs Asset Management, L.P. (the Issuer's Managing Member)										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director		General and/or Managing Partner								
Full Name (Last name first, if individual)										
LMTM LLC										
Business or Residence Address (Number and Street, City, State, Zip Code)										
601 Delaware Ave., Ste. 200, Wilmington, DE 19801		- 1 1/								
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Aakko, Markus										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Gottlieb, Jason										
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Kelly, Edward	_									
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director * of the Issuer's Managing Member		General and/or Managing Partner								
Full Name (Last name first, if individual)										
Kramer, J. Douglas		· · · · · · · · · · · · · · · · · · ·								
Business or Residence Address (Number and Street, City, State, Zip Code)										
One New York Plaza, New York, New York 10004										
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☑ Executive Officer* ☐ Director		General and/or								

Managing Partner

Full Name (Last name first, if individual)

One New York Plaza, New York, New York 10004

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

Ross, Hugh M.

* of the Issuer's Managing Member

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 	ip issuers.				<u> </u>
Check Box(es) that Apply: ☐ Promoter ☐ Bend	eficial Owner 🗹	Executive Officer* If the Issuer's Managing			General and/or Managing Partner
Full Name (Last name first, if individual)					
Wade, Matthew					
Business or Residence Address (Number and Street, Cit	y, State, Zip Code)				
One New York Plaza, New York, New York 10004					
Check Box(es) that Apply: ☐ Promoter ☐ Bene	eficial Owner	Executive Officer [Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, Cit	y, State, Zip Code)				
Check Box(es) that Apply: ☐ Promoter ☐ Bene	eficial Owner 🛚	Executive Officer [Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, Cit	y, State, Zip Code))			
Check Box(es) that Apply: ☐ Promoter ☐ Bene	eficial Owner 🛚	Executive Officer E	Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, Cit	y, State, Zip Code)				
Check Box(es) that Apply: ☐ Promoter ☐ Bene	eficial Owner	Executive Officer [Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, Cit	y, State, Zip Code)				
Check Box(es) that Apply: ☐ Promoter ☐ Bend	eficial Owner	Executive Officer [] Director		General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, Cit	y, State, Zip Code)				
Check Box(es) that Apply: ☐ Promoter ☐ Bend	eficial Owner	Executive Officer [Director	0	General and/or Managing Partner
Full Name (Last name first, if individual)					
Business or Residence Address (Number and Street, Cit	y, State, Zip Code)				

				B. IN	FORMAT	ION ABO	UT OFF	ERING				
•					-						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.									*****************	₽	Ø	
			A	Answer also	in Appendi	ix, Column	2, if filing i	under ULOI	Ξ.			
2. What	is the minim	num investm	ent that wil	l be accepte	ed from any	individual?	•				\$	*
*The Issuer's Manager may in its sole discretion accept subscription amounts in whatever amount it determines is										ines is	Yes	No
acceptable. 3. Does the offering permit joint ownership of a single unit?										Ø		
	the informa											
comm If a pe	ission or sinerson to be lites, list the r	nilar remun isted is an a	eration for s ssociated pe	solicitation erson or age	of purchase int of a brok	rs in connec er or dealer	ction with s registered	ales of secu with the SE	rities in the C and/or wi	offering. ith a state		
	er or dealer,								F			
Full Name	e (Last name	first, if ind	ividual)									
Goldman	, Sachs & C	*										
*Althong	h the securi	ities will he	sold through	oh Goldma	n. Sachs &	Co., no coi	nmissions	will be paid	l. directly o	r indirectly	, for solicit	ing anv
purchase	r in any jur	isdiction.		_					,			
Business	or Residence	e Address (N	Number and	Street, City	y, State, Zip	Code)						
85 Broad	Street, Nev	v York, Nev	w York 10	004	<u> </u>							
Name of A	Associated E	Broker or De	ealer									
	Which Perso					rchasers					🗹 A	Il 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]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	e (Last name	first, if ind	ividual)									
D '	D 11	411 0		<u>Ct.</u> . C't.	C 7:	C-13						
Business	or Residence	e Address (r	vumber and	Street, City	y, State, Zip	(Code)						
Name of A	Associated E	lroker or De	-aler									
Name of Z	ASSOCIATED D	oroker or De	aici									
	Which Perso 'All States" of										□ Al'	l States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI]	[1D]
[IL]	[NI]	[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 Name	e (Last name	first, if ind	ividual)									
Dusinger	or Residence	Address ()	Jumbar and	Street City	Ctota 7in	Code)					** ***	
Dusiness (or Residence	Address (1	vuinoei and	Street, City	y, State, Zip	(Code)						
Name of A	Associated E	Broker or De	aler			•						
	Which Perso											All Co.
•	'All States"			•								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	(NE)	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	(MI)	[MN]	[MS]	[MO] [PA]
[RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[נא] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [W!]	[OR] [WY]	[PR]
[171]	[SC]		[,,,]	[]	[• • • •	[, ,]	[, , ,]	[,, ,, ,,]	L ** * J	r1	L ** * J	[. 1,]

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

[RI]

[SC]

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 answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\Pi\) 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	\$ 0
	Equity		0	\$ 0
	□ Common □ Preferred	_		
	Convertible Securities (including warrants)	\$_	0	\$ 0
	Partnership Interests	\$_	0	\$ 0
	Other (Specify): Limited Liability Company Units	\$_	177,487,000	\$ 177,487,000
	Total	\$_	177,487,000	\$ 177,487,000
	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."			Aggregate
			Number Investors	Dollar Amount of Purchases
	Accredited Investors	_	70	\$ 177,487,000
	Non-accredited Investors	_	0	\$ 0
	Total (for filings under Rule 504 only)		N/A	\$ N/A
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 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
	Rule 505		N/A	\$ N/A
	Regulation A	_	N/A	\$ N/A
	Rule 504	_	N/A	\$ N/A
	Total	_	N/A	\$ N/A
tl tl	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 the expenditure is not known, furnish an estimate and check the box to the left of the estimate.	-		
	Transfer Agent's Fees			\$ 0
	Printing and Engraving Costs			\$ 0
	Legal Fees		\square	\$ 26,226
	Accounting Fees			\$ 0
	Engineering Fees.			\$ 0
	Sales Commissions (specify finders' fees separately)			\$ 0
	Other Expenses (identify)		0	\$ 0
	Total		፟	\$ 26,226

C. OFFERING	G PRICE, NUMB	SER OF INV	ESTORS, EXP	ENS	ES A	ND USE OF P	ROCE	EDS	
 b. Enter the difference between - Question 1 and total expension difference is the "adjusted gross" 	ses furnished in resp	sponse to Part (C - Question 4.a	ı. Thi	is		s _		177,460,774
 Indicate below the amount of t to be used for each of the purp furnish an estimate and check payments listed must equal the to Part C - Question 4.b. above. 	poses shown. If the k the box to the less adjusted gross process.	amount for any eft of the estin	y purpose is not l nate. The total	known of th	n, ne				
						Payments to Officers, Directors, & Affiliates			Payments To Others
Salaries and Fees	*************************				s _	0	_ 🗆	\$_	0
Purchase of real estate	•				s _	0		\$_	0
Purchase, rental or leasing and	installation of mach	ninery and equip	pment		\$_	0	_ 🗆	\$_	0
Construction or leasing of plant	t buildings and facil	lities			\$ _	0		\$_	0
Acquisition of other businesses this offering that may be use another issuer pursuant to a men	ed in exchange for	the assets or	securities of		\$	0	0	\$	0
Repayment of indebtedness					\$	0	-	s –	0
Working capital					s –	0	- 🗆	\$	0
Other (Specify): Limited Liab	ility Company Uni	its			\$ _	0	_ 	\$ _	177,460,774
Column Totals					\$ _	0	_ Ø	\$	177,460,774
Total Payments Listed (column	Total Payments Listed (column totals added)							60,774	4
		D. FEDERA	AL SIGNATUI	₹E					
The issuer has duly caused this n following signature constitutes an of its staff, the information furnished	undertaking by the	e issuer to furnis	sh to the U.S. Se	curitie	es and	d Exchange Comm	nission,	upon	
Issuer (Print or Type) Vontobel: Non-US Equity LLC		Signature Caroline	Kraws			Date September 6, 20	07		
Name of Signer (Print or Type) Caroline Kraus		_	(Print or Type)	er's N	Mana	ging Member	,		

ATTENTION

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

