

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

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OMB APPROVAL								
OMD North		2025	0070					

OMB APPROVAL
OMB Number: 3235-0076
Expires:
Estimated average burden
hours per response. 16.00

SEC USE	ONLY
Prefix	Serial
DATE REC	EIVED
	1

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Saddle Vineyard Funding LLC	
Filing Under (Check box(es) that apply):	(6) ULOE
Type of Filing:	
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.)	07079046
Saddle Vineyard Funding LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code	Telephone Number (Including Area Code)
8 Cove Circle, Unionville, CT 06085	860-673-2433
Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	Ro
Real Estate Investments	PAOCESSEE.
Type of Business Organization	OCT NO O
-	(please specify):
business trust limited partnership, to be formed Limited L	lability Compnay
Month Year	stimated Stimated
. و الفيض الفيض ا	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for St	
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 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 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 partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: **Executive Officer** General and/or Promoter Beneficial Owner Director \mathbf{Z} Managing Partner Full Name (Last name first, if individual) Saelens, Robert Business or Residence Address (Number and Street, City, State, Zip Code) 8 Cove Circle, Unionville, CT 06085 Beneficial Owner Executive Officer General and/or Check Box(es) that Apply: Promoter 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: ☐ Beneficial Owner Executive Officer General and/or Promoter 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: Beneficial Owner Executive Officer General and/or Promoter 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 ☐ 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)

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

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

Г			•		В. П	NFORMAT	ION ABOU	T OFFERI	NG				
1.	Has the	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							Yes X	No			
•	nn . '	Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?							s 10,	00.00			
2.	what is the minimum investment that will be accepted from any individual?							Yes	No				
3.	Does the offering permit joint ownership of a single unit?							E					
4.	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.												
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (N	umber and	d Street, C	ity, State, Z	(ip Code)					<u>-</u>	
Nai	me of As	sociated Br	oker or De	aler					***************************************				
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers				.,		
	(Check	"All States	or check	individual	States)		•••••		***************************************			☐ A1	l States
	AL IL MT RI	AK IN NE SC	IA NV SD	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	MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·								
Bu	siness or	Residence	Address (?	Yumber an	d Street, C	City, State,	Zip Code)		 				
Nai	me of As	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	" or check	individual	States)	•••••••••••				••••••	•••••	☐ Al	1 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	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	ID MO PA PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)			,			
Nai	me of As	sociated Br	oker or De	alcr				- <u> </u>					·····
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	···,		· · · · · · · · · · · · · · · · · · ·			
	(Check	"All States	or check	individual	States)			••••••				☐ Al	l 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	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

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	\$ 160,000.00	\$_0.00
	Equity	\$_0.00	\$_0.00
	Common Preferred	0.00	0.00
	Convertible Securities (including warrants)		- \$ <u></u>
	Partnership Interests		\$ 0.00
	Other (Specify)	\$_0.00	\$_0.00
	Total	\$_160,000.00	\$ <u>0.00</u>
	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 Dollar Amount
		Investors	of Purchases
	Accredited Investors	0	\$_0.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)	0	\$_0.00
	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	Debt	\$ <u>0.00</u>
	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		\$_0.00
	Legal Fees	_	. 0.00
	Accounting Fees	_	0.00
	Engineering Fees	-	
	Sales Commissions (specify finders' fees separately)	_	- 0.00
	Other Expenses (identify)	_	\$ 0.00
	Total	_	0.00

L	C. OFFERING PRICE, NUM	ABER OF INVESTORS, EXPENSES AND	USE OF PROCEEDS	· . · · · · · · · · · · · · · · · · · ·
	b. Enter the difference between the aggregate offer and total expenses furnished in response to Part C — proceeds to the issuer."	- Question 4.a. This difference is the "adju	sted gross	\$160,000.00
5.	Indicate below the amount of the adjusted gross preach of the purposes shown. If the amount for a check the box to the left of the estimate. The total of proceeds to the issuer set forth in response to Pa	ny purpose is not known, furnish an esti of the payments listed must equal the adjus	imate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		\$ <u>0.00</u>	S 0.00
	Purchase of real estate			\$ 0.00
	Purchase, rental or leasing and installation of ma	nchinery	s 0.00	s 0.00
	Construction or leasing of plant buildings and fa			s 0.00
	Acquisition of other businesses (including the va offering that may be used in exchange for the ass issuer pursuant to a merger)	sets or securities of another	⊏¢ 0.00	□\$ 0.00
	Repayment of indebtedness			\$ 0.00
	Working capital		<u> </u>	\$_0.00
	Other (specify):		<u> </u>	\$ 0.00
			s_0.00	\$
	Column Totals			s0.00
	Total Payments Listed (column totals added)		s <u>0</u> .	00
		D. FEDERAL SIGNATURE		
sig	issuer has duly caused this notice to be signed by the lature constitutes an undertaking by the issuer to funformation furnished by the issuer to any non-ac	irnish to the U.S. Securities and Exchang	e Commission, upon writte	
İss	er (Print or Type)	Signature	Date	
Sa	ddle Vineyard Funding LLC		9/21/0	<u> </u>
	ne of Signer (Print or Type)	Title of Signer (Print or Type)		
Rol	ert Saelens	Managing Member		

- ATTENTION -

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

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No ⊠

See Appendix, Column 5, for state response.

- 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.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 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.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	
Saddle Vineyard Funding LLC		9/21/07	
Name (Print or Type)	Title (Print or Type)		_
Robert Saelens	Managing Member		

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.

				AF	PENDIX				
1	Intend to non-a investor	I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		5 Disquali under Sta (if yes, explana waiver (Part E-	ification te ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ	×		Debt 160,000	0	\$0.00	0	\$0.00		×
DE									
DC									
FL									
GA									
н					<u> </u>				
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
МІ									
MN									
MS									

APPENDIX 5 2 1 3 4 Disqualification Type of security under State ULOE and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited amount purchased in State waiver granted) investors in State offered in state (Part C-Item 2) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited No State Yes No **Investors Investors Amount** Yes Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SD TN TX UT VT ۷A WA wv WI

				APP	ENDIX				
1		2	3			-	5 Disqualification		
	to non-a	to sell accredited is in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	f investor and rchased in State C-Item 2)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

