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### FORM D

RECEIVED

# 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

OMB APP	OMB APPROVAL								
OMB Number:	3235-0076								
Expires:	May 31, 2005								
Estimated avera	ige burden								
haura nor rooner	16.00								

SEC USE ONLY								
Prefix		Serial						
DATE RECEIVED								
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UNIFORM LIMITED OFFERING EXEMP	TION
Name of Offering (Checkin this is an amendment and name has changed, and indicate change.)  Limited Partnership Units:	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE
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.)	07079788
3221 S. Hill St., First Mortgage Investors, L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 747 Garden Street, Santa Barbara, CA 93101	Telephone Number (Including Area Code) (805) 966-1793
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
To generate regular, recurring income for limited partner-investors by investing the proceeds from limited partner mortgage loans.	ers' subscriptions for limited partnership units in
Type of Business Organization  corporation  business trust  limited partnership, already formed  other (plus business trust)	ease specify): PROCESSED
Actual or Estimated Date of Incorporation or Organization:    Month   Year	ated OCT 1 9 2007
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:  CN for Canada; FN for other foreign jurisdiction)	THOMSON

#### 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.

A. BASIC IDENTIFICATION DATA	
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more</li> <li>Each executive officer and director of corporate issuers and of corporate general and managing partner</li> <li>Each general and managing partner of partnership issuers.</li> </ul>	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
Mortgage Co. of Santa Barbara, Inc. Full Name (Last name first, if individual)	
747 Garden Street, Santa Barbara, CA 93101 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)	<del> </del>
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	r 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 Directo	r 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	or 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	or General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Clas black chart or convend use additional against this short or manager	· \

· .	B. INFORMATION ABOUT OFFERING	K ,	
1.		Yes	No ⊠
	Answer also in Appendix, Column 2, if filing under ULOE.	لبيا	
2.	What is the minimum investment that will be accepted from any individual?	\$ N/A	
•		Yes	No
3.	Does the offering permit joint ownership of a single unit?	×	
4.			
	Il Name (Last name first, if individual)		
	one usiness or Residence Address (Number and Street, City, State, Zip Code)		
-	asinoss of Acotacino (talinos and ottori, city, blane, Etp code)		
Νε	ame of Associated Broker or Dealer		
St	tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	🔲 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	МО
	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
Fu	ull Name (Last name first, if individual)		
Bı	usiness or Residence Address (Number and Street, City, State, Zip Code)		
_			
N	ame of Associated Broker or Dealer		
St	tates in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	A11	l 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
F	ull Name (Last name first, if individual)		
В	dusiness or Residence Address (Number and Street, City, State, Zip Code)		
N	Name of Associated Broker or Dealer		
_			
S	States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
	(Check "All States" or check individual States)	A1	l States
	AL AK AZ AR CA CO CT DE DC FL GA	НІ	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 RI SC SD TN TX UT VT VA WA WV WI	OR WY	PA

(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		ggregate ring Price	Aı	nount Already Sold
	Debt	<b>.</b>		\$	
	Equity		-		
	Common Preferred				
	Convertible Securities (including warrants)	S		<b>s</b>	
	Partnership Interests	<u>, 1,</u>	920,000.00	<b>S</b>	1,920,000.00
	Other (Specify)			<b>s</b>	
	Total			<b>s</b>	1,920,000.00
	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."		Number nvestors	1	Aggregate Dollar Amount of Purchases
	Accredited Investors		29	s	1,920,000.00
	Non-accredited Investors			\$	, , , , , , , , , , , , , , , , , , , ,
	Total (for filings under Rule 504 only)			s	1,920,000.00
	Answer also in Appendix, Column 4, if filing under ULOE.	_		_	<del></del>
3.					
	Type of Offering		Type of Security	. I	Dollar Amount Sold
	Rule 505		N/z	<u> </u>	0.00
	Regulation A		N/	<u> </u>	0.00
	Rule 504		NA	ī Š	0.00
	Total		N/	<u>.</u> s_	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		=	s	1,000.00
	Accounting Fees			\$	
	Engineering Fees			<b>s</b>	
	Sales Commissions (specify finders' fees separately)		_	\$	
	Other Expenses (identify)			\$	
	Total		_	5_	1,000.00

C. OFFERING PRICE, NUMBER OF INVESTORS	EXPENSES AND USE OF PROCEEDS	
	<u>,                                    </u>	<u> </u>
b. Enter the difference between the aggregate offering price given in respondent total expenses furnished in response to Part C—Question 4.a. This difference to the issuer."	erence is the "adjusted gross	\$ 1,919,000.00
5. Indicate below the amount of the adjusted gross proceed to the issuer use each of the purposes shown. If the amount for any purpose is not know check the box to the left of the estimate. The total of the payments listed m proceeds to the issuer set forth in response to Part C—Question 4.b ab	vn, furnish an estimate and nust equal the adjusted gross	·
	Payments to Officers, Directors, &	Payments to
0.1.1.1.16	Affiliates	Others
Salaries and fees		. 🔲 \$
Purchase of real estate		. [] s
Purchase, rental or leasing and installation of machinery and equipment		□s
Construction or leasing of plant buildings and facilities	<u> </u>	. □³
Acquisition of other businesses (including the value of securities invol	——————————————————————————————————————	_ U •
offering that may be used in exchange for the assets or securities of an issuer pursuant to a merger)	other	□s
Repayment of indebtedness	<del></del>	
Working capital	<u> </u>	_ □ \$
Other (specify): Mortgage loan investment		<b>⋈\$</b> 1,919,000.00
		□s
Column Totals		
Column Totals		∑ \$ 1,919,000.00
Total Payments Listed (column totals added)	🖂 s_	1,919,000.00
D. FEDERAL SIG	NATURE	
<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
The issuer has duly caused this notice to be signed by the undersigned duly au		
signature constitutes an undertaking by the issuer to furnish to the U.S. Secuthe information furnished by the issuer to any non-accredited investor purs		en request of its start
Issuer (Print or Type) Signature	Date	
3221 S. Hill St., First Mortgage Investors, L.P.	10.8.7	
Name of Signer (Print or Type)  Mortgage Co. of Sarta Barbara, Inc. By: Carl Lindros,  Title of Signer (Print or Type)	int or Type)	
President General Partner		

- ATTENTION -

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

	¥ N	E. STATE SIGNATURE								
1.		oresently subject to any of the disqualification Yes No								
	Sec	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.	limited Offering Exemption (ULOE) of the	issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform state in which this notice is filed and understands that the issuer claiming the availability shing that these conditions have been satisfied.								
	uer has read this notification and knows the cou thorized person.	tents to be true and has duly caused this notice to be signed on its behalf by the undersigned								
	Print or Type)	Signature Cert Date								
	Hill St., First Mortgage Investors, L.P.									
Name (	Print or Type)	Title (Print or Type)								
Mortgag Presider	ge Co. of Santa Barbara, Inc. By: Carl Lindros, nt	General Partner								

### 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.

## APPENDIX

4N.

1	2 3 Type of security			, ,		4		5 Disquali	fication
	to non-ac	to sell ccredited s in State -Item 1)	and aggregate offering price offered in state (Part C-Item 1)		under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors Amount (Part C-Item 2)  Number of Number of Non-Accredited Amount			Yes	No	
AL									
AK								:	-
AZ	×		Limited Partnership Units - \$10,000 per unit	1	\$100,000.00				
AR				i					
CA	×	l 	Limited Partnership Units - \$10,000 per unit	23	\$1,470,000.0 0	<u> </u>	 		 
со	×		Limited Partnership Units - \$10,000 per unit	4	\$240,000.00				
СТ									
DE									
DC									
FL									
GA								ļ	
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ID								<u> </u>	
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI									
MN									
MS									

## APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	4  Type of investor and amount purchased in State (Part C-Item 2)			under Sta (if yes, explan waiver	ification ate ULOE attach ation of granted)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
мо	X	_	Limited Partnership Unit - \$10,000 per unit	1	\$110,000.00				
МТ									
NE									
NV									
NH									
NJ									
NM									
NY									
NC								<u> </u>	
ND									
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OR									
PA									
RI									
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SD									
TN									
TX									
UT									
VT		_							
VA			_						
WA									
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WI				1		-			<del></del>

A	P	P	Е	N	D	IX

1	to non-a	Type of security and aggregate to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)  (Part C-Item 1)						under Sta (if yes, explana waiver	ification ate ULOE attach ation of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									_
PR									

