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 response16.00

SEC USE ONLY						
Prefix		Serial				
DATE RECEIVED						

Name of Offering (check if this is an amendment as	nd name has changed, and indicate change.)	SEC				
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	☐ Rule 505	☐ Section 4(6) ail Proுள்றத Section				
	A. BASIC IDENTIFICATION DATA	FEA 05 ZUUB				
1. Enter the information requested about the issuer						
Name of Issuer (check if this is an amendment at Hedge Strategy Fund, L.L.C.	nd name has changed, and indicate change.)	Washington, DC				
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 20820 Chagrin Blvd., Suite 300, Shaker Heights, OH 44122 216/491-3990						
Address of Principal Business Operations (Number and Str (if different from Executive Offices)	reet, City, State, Zip Code)	Telephone Number (Including Area Code)				
Brief Description of Business Investment Fund		FE3 0 8 2008				
Type of Business Organization corporation business trust	limited partnership, already formed limited partnership, to be formed	other (please specify): THOMSON limited liab. company (1910) 1010				
Actual or Estimated Date of Incorporation or Organization Jurisdiction of Incorporation or Organization: (Enter two-		Year 9 7				

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

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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. Executive Officer General and Check Box(es) that Apply: Promoter Beneficial Owner ☐ Director Managing Partner Full Name (Last name first, if individual) Terence C. Sullivan Business or Residence Address (Number and Street, City, State, Zip Code) 20820 Chagrin Blvd., Suite 300, Shaker Heights, OH 44122 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Partner or Managing Member Full Name (Last name first, if individual) Falmouth Investment Company, Inc. Business or Residence Address (Number and Street, City, State, Zip Code) 20820 Chagrin Blvd., Suite 300, Shaker Heights, OH 44122 Check Box(es) that Apply: Promoter ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Jordan, Michael H. 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) Best, E. Randy 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) General and/or ☐ Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

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

Beneficial Owner Executive Officer

Director

General and/or

Managing Partner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Promoter

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

	B. INFORMATION ABOUT OFFERING																
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.										ng?		es	No			
2.												<u>\$</u>	2,000				
	*(Subject to Issuer's discretion to accept lesser investments)									Y	es	No					
3.													₫.				
4.	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. None																
Full Name (Last name first, if individual)																	
Bus	iness or	Resid	dence A	Addres	s (Num	ber and	Street	, City,	State, Z	ip Cod	e)						
Nan	ne of Ass	socia	ted Br	oker or	Dealer	,											
	es in Wh									urchas	ers			A	Il State	s	
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Bus	iness or	Resid	dence .	Addres	s (Num	ber and	Street	, City,	State, Z	ip Cod	e)				-		
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Full	Name (Last	name 1	irst, if	individ	ual)											
Bus	iness or	Resid	dence .	Addres	s (Num	ber and	Street	, City,	State, Z	ip Cod	e)						
Nan	ne of As	socia	ted Br	oker or	Dealer	•											
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ſF	un 19	SCI	(SD)	(TN)	(TX1	(UT)	IVTI	(VA)	[WA]	(WV)	rwn	[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

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 \(\square\$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged				
	Type of Security				
			Aggregate Offering Price	Α	mount Already Sold
	Debt	\$_	00	\$_	0
	Equity	\$	0	\$	0
	Common Preferred				
	Convertible Securities (including warrants)	\$_	0	\$_	. 0
	Partnership Interests	\$_	0	\$	0
	Other (specify)limited_liability_company_membership_units	\$	100,000,000	\$	97,147,954_
	Total	s	100,000,000	\$	
	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."		V 1		
			Number Investors	I	Aggregate Dollar Amount of Purchases
	Accredited Investors		93	\$_	97,147,954
	Non-accredited Investors		0	\$_	0
	Total (for filings under Rule 504 only)		N/A	\$_	N/A
	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	I	Dollar Amount
			Security		Sold
	Rule 505		N/A	\$_	0
	Regulation A		N/A	\$_	
	Rule 504		N/A	\$_	0
	Total	_	<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		⊠	\$	4,000
	Accounting Fees		$\overline{\Box}$	S _	
	Engineering Fees		_	\$	
	Sales Commissions (Specify finder's fees separately)			\$	
	Other Expenses (identify)		ō	\$	
	Total			\$	4,000

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENSES AN	D USE OF PROCEED	<u></u>
	b. Enter the difference between the aggregate of I and total expenses furnished in response to Par gross proceeds to the issuer."	ne "adjusted	\$ <u>99,996</u>	.000	
5.	Indicate below the amount of the adjusted gross for each of the purposes shown. If the amount and check the box to the left of the estimate, adjusted gross proceeds to the issuer set forth in a	for any purpose is not known, furnish The total of the payments listed mu	an estimate st equal the		
				Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees			\$ <u>0</u>	\$0
	Purchase of real estate	***************************************		\$ <u> </u>	\$0
	Purchase, rental or leasing and installation of	machinery and equipment		\$ <u> </u>	\$ <u>0</u>
	Construction or leasing of plant buildings and	l facilities		\$ <u>0</u> □	\$0
	Acquisition of other businesses (including the offering that may be used in exchange for the pursuant to a merger)	assets or securities of another issuer		\$ <u> </u>	\$ <u>0</u>
	Repayment of indebtedness			\$ <u> </u>	\$0_
	Working capital (to be called as needed)	••••••		\$ <u> </u>	\$0
	Other (specify) Purchase of investments				
				\$ <u> </u>	\$_99,996,000
	Column Totals			\$ <u> </u>	\$ <u>99,996,000</u>
	Total Payments Listed (column totals added)			⊠ \$ <u> </u>	99,996,000
		D. FEDERAL SIGNATUR	RE		
si	ne issuer has duly caused this notice to be signed gnature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accrea	o furnish to the U.S. Securities and	Exchange Co	ommission, upon written i	
ls	suer (Print or Type)	Signature	00	Date 000	
Н	edge Strategy Fund, L.L.C.	1-67		1-28-08	
N	ame of Signer (Print or Type)	Title of Signer (Print or Type)			
Terence C. Sullivan President of Falmouth Investment C				, Manager Member	
		ATTENTION			
		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 present	ntly subject to any of the disqualification provisions	s 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 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.								
	issuer has read this notification and knows the ersigned duly authorized persons.	e contents to be true and has duly caused this no	otice to be signed on its bel	half by t	he				
Issu	Issuer (Print or Type) Signature Date								
Hec	dge Strategy Fund, L.L.C.	Thekkle	1-28-08						
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)	_						

President of Falmouth Investment Company, Inc., Manager Member

Instruction:

Terence C. Sullivan

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.

END