FORM D

1415702

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PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTIONSON REH

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES

00	-0				11.000.000	DATE RECEIVED
washing	gton, DC	•		:		<u> </u>
Name of Offering		mendment and name	has changed, and i	ndicate change.)		
issuance of Membe	ership interests of K2 Cr	edit Opportunities Fu	ınd, LLC			
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	☑ Rule 506	Section 4(6)	□ ULOE SEC
Type of Filing:	☐ New Filing	Amendment .	_			Section Mail Processing
		A. BASI	CIDENTIFICAT	ION DATA	•	JUN 2 o 2008
1. Enter the inform	nation requested about th	e issuer				
Name of Issuer	check if this is an ar	mendment and name h	nas changed, and in	dicate change.	•	Manhimmon DC
K2 Credit Opportu	nities Fund, LLC	:		· .		Washington, DC
Address of Executiv	e Offices:		(Number and Stre	et, City, State, Zip Co	de) Telephone Nu	mber (Including Area Code)
c/o K2/D&S Manag	ement Co., L.L.C., 300 A	tlantic Street, 12 <sup>th</sup> Flo	or, Stamford, Con	necticut 06901		(203)348.5252
Address of Principal	Offices		(Number and Stre	et, City, State, Zip Co	de) Telephone Nu	imber (Including Area Code)
(if different from Exe	ecutive Offices)		•		<u> </u>	
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Issuance of Membership Interests of K2 Credit Opportunities Fund, LLC  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Unit Type of Filing: New Filing Amendment  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.  K2 Credit Opportunities Fund, LLC  Address of Executive Offices: (Number and Street, City, State, Zip Code)  C/o K2/D&S Management Co., L.L.C., 300 Atlantic Street, 12 <sup>th</sup> Floor, Stamford, Connecticut 06901 (203)34						
Type of Business O	 rganization	<u> </u>	<u>'</u>			<del> </del>
••	<u> </u>	☐ limited p	partnership, already	formed	other (please sp	ecify)
	☐ business trust		-		Limited Liability Cor	mpany
			Month	Vost		

**GENERAL INSTRUCTIONS** 

Actual or Estimated Date of Incorporation or Organization:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or U.S.C. 77d(6).

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service Abbreviation for State;

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, which it is due, on the date it was mailed by United States registered or certified mail to that address.

or 15 and

a on

□ Estimated

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.

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CN for Canada; FN for other foreign (urisdiction)

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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.

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.

Persons who 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.

		A EXECU	WAYD KOMADAMKE		
Each beneficial owr     Each executive office	e issuer, if the issuer having the pow cer and director of	uer has been organized wit er to vote or dispose, or di		f, 10% or more of ing partners of pa	a class of equity securities of the issuer; thership issuers; and
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☑ Investment Manager
Full Name (Last name first, i	f individual):	K2/D&S Managemen	t Co., L.L.C.	4	
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 300 Atlantic Street, 12	th Floor, Stamfor	d, Connecticut 06901
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner		☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	Douglass III, William	A	· ·	
Business or Residence Add Stamford, Connecticut 069	ress (Number and 901	Street, City, State, Zip Coo	de): c/o K2/D&S Managemo	ent Co., L.L.C., 30	O Atlantic Street, 12 <sup>th</sup> Floor,
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, I	f individual):	Saunders, David C.			
Business or Residence Addi Connecticut 06901	ress (Number and	Street, City, State, Zip Coo	de): c/o K2/D&S Manageme	nt Co., L.L.C., 30	O Atlantic Street, 12 <sup>th</sup> Floor, Stamford,
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):	John T. Ferguson		<del></del>	
Business or Residence Addr Connecticut 06901	ress (Number and	Street, City, State, Zip Coo	de): c/o K2/D&S Manageme	nt Co., L.L.C., 30	O Atlantic Street, 12 <sup>th</sup> Floor, Stamford,
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	☑ Member
Full Name (Last name first, i	f individual):	Lexington Portfolio I	, LLC		
Business or Residence Adda Hills, CA 90212	ress (Number and	Street, City, State, Zip Coo	de): Lexington Commercia	Holdings, Inc., 9	350 Wilshire Dr., Suite 400, Beverly
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):			-	
Business or Residence Add	ess (Number and	Street, City, State, Zip Coo	le):	·	
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f Individual):	<del>** </del>	•		
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	le):		-
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual):			·	
Business or Residence Addr	ess (Number and	Street, City, State, Zip Cod	le:		-
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner

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

### INFORMATION AFOUT OFFIRM Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... ☐ Yes ☒ No Answer also in Appendix, Column 2, if filing under ULOE. What is the minimum investment that will be accepted from any individual?..... \$1,000,000\* \* May be waived Does the offering permit joint ownership of a single unit?..... 3. ☑ Yes □ No 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. Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)...... ☐ All States $\square$ [AK] $\square$ [AZ] $\square$ [AR] $\square$ [CA] $\square$ [CO] $\square$ [CT] $\square$ [DE] $\square$ [DC] $\square$ [FL] $\square$ [GA] $\square$ [HI] □ [IN] $\square$ [KS] $\square$ [KY] $\square$ [LA] $\square$ [ME] $\square$ [MD] $\square$ [MA] $\square$ [MI] $\square$ [MN] $\square$ [MS] □ (RI) Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)..... ☐ All States $\square$ (KS) $\square$ (KY) $\square$ (LA) $\square$ (ME) $\square$ (MD) $\square$ (MA) $\square$ (MI) $\square$ (MN) $\square$ (MS) $\square$ (MO) □ [OR] □ [PA] Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Name of Associated Broker or Dealer

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

 $\square$  (KS)  $\square$  (KY)  $\square$  (LA)  $\square$  [ME]  $\square$  [MD]  $\square$  [MA]  $\square$  [MI]  $\square$  [MN]  $\square$  [MS]  $\square$  [MO]

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States).....

□ [RI]

☐ [IN] ☐ [IA]

 $\square$  (AL)  $\square$  (AK)  $\square$  (AZ)  $\square$  (AR)  $\square$  (CA)  $\square$  (CO)  $\square$  (CT)  $\square$  (DE)  $\square$  (DC)  $\square$  (FL)  $\square$  (GA)  $\square$  (HI)

☐ All States

# SCEPTION OF THE BULL SERVEKE SHOUSE AND SERVELL SOUTH SOUTH

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 and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		Aggregate		Amount Already
	Type of Security		Offering Price		Sold
	Debt	. <u>\$</u>	0	<u>\$</u>	0_
	Equity	<u>\$</u>	· 0	\$	0
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	. <u>\$</u>	<u> </u>	\$	<u> </u>
	Partnership Interests	. \$	0_	\$	0
	Other (Specify) Membership Interests	\$	500,000,000	\$	35,000,000
	Total	s	500,000,000	<u> </u>	35,000,000
	Answer also in Appendix, Column 3, if filing under ULOE	<u>*</u>		<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."				<i>,</i> • • •
	·		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		14	\$	35,000,000
	Non-accredited Investors	·	n/a	\$	n/a
	Total (for filings under Rule 504 only)		0	\$	0
	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		Types of Security		Dollar Amount Sold
	Rule 505	. <u> </u>	n/a	\$_	n/a
	Regulation A		n/a	\$	n/a
	Rule 504		n/a	\$	n/a
	Total		n/a	\$	n/a
				<u> </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		🗖	\$	0
	Printing and Engraving Costs		🗖	\$	. 0
	Legal Fees		🛛	\$	10,000
	Accounting Fees		-	s	. 0
	Engineering Fees		<del>-</del>	Š	0
				<u>*</u>	0
	Sales Commissions (specify finders' fees separately)			<u>*</u>	
	Other Expenses (identify))		_	\$	. 0
	Total	•••••	🛛	\$	10,000

4	b.Enter the difference between the aggregate offering price given in response to Part C–Quand total expenses furnished in response to Part C–Question 4.a. This difference is the "acgress proceeds to the issuer."	ajustea	1		<u>\$</u>	499,990	•000
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to used for each of the purposes shown. If the amount for any purpose is not known, furnish estimate and check the box to the left of the estimate. The total of the payments listed must the adjusted gross proceeds to the issuer set forth in response to Part C – Question 4.b. at	o be an st equal					
			D)	yments to Officers, rectors & Affiliates		Payments to Others	
	Salaries and fees		\$	. 0	_ 🗆	\$	<u>o</u> .
	Purchase of real estate	Image: Control of the	<u>\$</u>	0	_ 🗆	, <u>\$</u>	<u> </u>
	Purchase, rental or leasing and installation of machinery and equipment		\$	0	_ 🗆	. <u>\$</u>	0_
	Construction or leasing of plant buildings and facilities		\$	0	_ 🗆	\$	0
	offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger		\$	0	_ 🗆	\$	0
	Repayment of indebtedness		\$	0	_ 🗆	\$	<u>0</u> .
	Working capital		\$	0	_ 🛛	<b>\$</b> 499,990	<u>.0</u> 00
	Other (specify):		\$	0	_ 0	\$	0_
			\$	. 0	🗖	\$	0_
	Column Totals		<u>\$</u>	0	_ 🛛	<u>\$ 499,990</u>	.000
	Total payments Listed (column totals added)			⊠ <u>\$</u>	499	990,000	
	D. FEDERAL SIGNATUR	RE			<del></del>	<del></del>	<del></del>
C	his issuer has duly caused this notice to be signed by the undersigned duly authorized personnetitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Comm	n If this	s notice is fil upon written	ed under Ru request of it	e 505, the staff, the	e following signature e information furnish	ed ned
	y the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.  suer (Print or Type) K2 Credit Opportunities Signature				Date		<del></del>
F	und, LLC				June	25, 2008	
	ame of Signer (Print or Type)  Title of Signer (Print or Type)  Chief Operating Officer, K2/1  Investment Manager	D&S N	lanageme	nt, Co.,	L.L.	C., its	
	• •						
						•	
	• • •		·		·		
	ATTENTION						<del>.</del>
	the standard of aminoing of fact constitute federal c	desinal	violetione	/See 18 il.S	C 1001.	١	

## E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) presently subject to any of the disqualification provisions of such rule?

See Appendix, Column 5, for state response.

- 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) K2 Credit	Signature /	Date
Opportunities Fund, LLC	In of	June 25, 2008
Name of Signer (Print or Type)	Title of Signer (PHint or Type)	
John T. Ferguson	Chief Operating Officer, K2/D&S Manage	ement, Co., L.L.C., its/
	Investment Manager	

### Instruction:

Print the names 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 not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

		1. 28°		AP	THORK					
1	2		3	و المحالم المح		4	<u> </u>	. 5		
	Intend to non-ac investors (Part B -	credited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C – Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)	
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK	-						-			
AZ										
AR							•			
CA		Х	\$500,000,000	2	\$6,000,000	0	· \$0		×	
со										
СТ		X	\$500,000,000	. 4	\$11,000,000	0	\$0 ·		×	
DE										
DC										
FL		Χ.	\$500,000,000	1	\$1,000,000	0	\$0		X	
GA									_	
HI		·			•	<u> </u>		<u> </u>		
ID								<u> </u>	_	
IL.	:			<del></del>					· ·	
iN.										
IA.								<u>.</u>	<u>-</u>	
KS		·							<u> </u>	
KY LA			,	· · · · · · · · · · · · · · · · · · ·						
ME					_					
MD		,							<del> </del>	
MA		×	\$500,000,000	1	\$2,500,000	0	\$0		×	
. MI				· ·		<u> </u>	*-	<u></u>		
MN										
MS		<u></u>				_				
МО										
MT		•								
NE										
NV										
ŃН										
NJ										
NM				,					•	

1	2	2	3			4		5	
	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)	Type of investor and Amount purchased in State (Part C Item 2)				Disqualification under State ULO (if yes, attach explanation of waiver granted) (Part E – Item 1	
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY		х	\$500,000,000	4	\$12,000,000	0	\$0		x
NC			,						
ND									
ОН			·						<u> </u>
ок						-			
OR									<u>                                      </u>
PA		х	\$500,000,000	1	\$2,000,000	0	\$0	ļ <u>.</u>	X
RI							· ,		<u> </u>
SC									<u> </u>
SD									<u> </u>
TN							· · · · · · · · · · · · · · · · · · ·	<u> </u>	
TX							·		<u> </u>
UT									<del> </del>
VT				·					<del> </del>
VA									<u> </u>
WA									<u> </u>
wv	,							· · ·	<del> </del>
WI								<u> </u>	<del> </del>
WY								ļ	<del></del>
Non		x	\$500,000,000	1	\$500,000	0	\$0	1	. x

