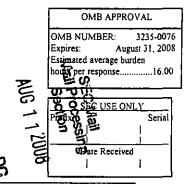
FORM D



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 EXEMPTI



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Units of LLC Interest Rule 504 Filing Under (Check box(es) that apply): Rule 505 **⊠** Rule 506 Section 4(6) 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.) Island Capital Fund, VI. LLC Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 130 Locust Drive, Westwood, MA 02090 781-762-1366 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) same as above **Brief Description of Business** investments AUG 262008 Type of Business Organization Other (please specify MSON REUTERS corporation limited partnership, already formed business trust limited partnership, to be formed Month 'car 6 8 Actual or Estimated Date of Incorporation or Organization: 🛛 Actual ☐ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) Α

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 state 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 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 General and/or Managing Partner Full Name (Last name first, if individual) Senerchia, Jay (Number and Street, City, State, Zip Code) Business or Residence Address c/o Island Capital Fund, VI, LLC, 130 Locust Drive, Westwood, MA 02090 ⊠ Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: ☐ Promoter Managing Partner Full Name (Last name first, if individual) Alvarez-Correa Family LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1000 Basil Road, McLean, VA 22010 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Dan A. Emmett Rvocable Living Trust of 11/21/85 **Business or Residence Address** (Number and Street, City, State, Zip Code) 808 Wilshire Blvd. Suite #200 Santa Monica CA 90401 Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Robert Immerman Trust **Business or Residence Address** (Number and Street, City, State, Zip Code) 30725 Solon Industrial Parkway, Solon, OH 44139 Executive Officer Check Box(es) that Apply: Beneficial Owner Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) K3 Ventures LLC **Business or Residence Address** (Number and Street, City, State, Zip Code) 75-5706 Hanama Place, Suite 104 Kailua-Kona HI 96740 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) Director Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

				B. INF	ORMATIC	ON ABOU	r offeri	NG	<u>.</u>			
1. Has the is	suer sold, o	or does the i	ssuer inten	i to sell, to	non-accred	ited investo	rs in this of	ffering?				No ⊠
			Ans	wer also in	Appendix,	Column 2,	if filing un-	der ULOE.				
2. What is th	ne minimun	n investmer	ıt that will i	e accepted	from any i	ndividual?					\$ 50,000)
												No
3. Does the	offering per	rmit joint ov	wnership of	a single un	it?	*		•				
If a persor or states, l	on or simila to be listed list the nam	r remunera d is an asso e of the bro	tion for soli ciated perso ker or deal	citation of on or agent er. If more	has been purchasers of a broker than five (5 r that broke	in connecti or dealer re 5) persons t	on with sale gistered wi o be listed a	es of securi th the SEC	ties in the o and/or with	ffering. a state		
Full Name (I.	ast name fi	irst, if indiv	idual)									
N/A												
Business or I	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)						
Name of Ass	ociated Bro	ker or Deal	er	•							,	
States in Wh									<u> </u>			All States
(Check	[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]	ואאן	[NH]	[[1]	[NM]	[YV]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RJ]	ISCI	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	(wv)	(WI)	[WY]	(PR)
Full Name (L	ast name fi	irst, if indiv	idual)									
,												
Business or F	Residence A	Address (Nu	mber and S	treet, City,	State, Zip (Code)						
		•			•	ŕ						
Name of Ass	ociated Bro	ker or Deal	cr									
States in Whi	ich Person l	Listed Has !	Solicited or	Intends to	Solicit Purc	hasers						
(Check "	All State" o	or check ind	lividual Sta	tes)					••••	·····	🗆 .	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]	[MO]
[MT]	[NE]	[NV]		[N]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name (L	ast name ti	rst, if indiv	idual)									
·····												
Business or R	Residence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)						
Name of Asse	ociated Bro	ker or Deal	er		• •							
States in Whi		Listed Has S or check ind										All States
(Check :	All State (F CRECK ING	(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]	[ru]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	(TX)	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

and already exchanged. Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	,	s
Equity		
		<u> </u>
☐ Common ☐ Preferred		
Convertible Securities	\$	s
Partnership Interests	\$	\$
Other (Specify <u>LLC Interests</u>)	\$ <u>6,840,000</u>	\$ <u>6,840,000</u>
Total	\$ <u>6,840,000</u>	\$ <u>6,840,000</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."	Number Investors	Aggregate Dollar Amoun of Purchases
Accredited Investors	15	\$ <u>6,840,000</u>
Non-accredited Investors	.	\$
Total (for filings under Rule 504 only)		\$
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 Security	Dollar Amoun Sold
Rule 505		\$
Regulation A		s
Rule 504		\$
Total		s
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	[S 6,000
Accounting Fees	[□ s
Engineering Fees	[□ s
Sales Commissions (specify finders' fees separately)	[
Other Expenses (identify) Blue Sky Filing Fees		S 2,200
Total		S 8,200

C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
I and total expenses furnished in respons "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gused for each of the purposes shown. If the estimate and check the box to the left of the	te offering price given in response to Part C - Question e to Part C - Question 4.a. This difference is the construction of the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must equal forth in response to Part C - Question 4.b above.		\$ <u>6,831.800</u>
		Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees		□ s	□ \$
Purchase of real estate		□ s	□ \$
Purchase, rental or leasing and installati	on of machinery and equipment	□ s	□ s
Construction or leasing of plant building	gs and facilities	□ s	□ s
offering that may be used in exchange f	ng the value of securities involved in this or the assets or securities of another	□ \$	□ s
-		□ s	
• •		□ s	
		<u> </u>	
		□ s	
Total Payments Listed (column totals ac	ided)	⊠ \$_ <u>·</u>	5,831 <u>,800</u>
	D. FEDERAL SIGNATURE	_	
following signature constitutes an undertak	be signed by the undersigned duly authorized person. If ing by the issuer to furnish to the U.S. Securities and Exclusive to any non-accredited investor pursuant to paragrap	hange Commission, u	pon written request
Issuer (Print or Type)	Signature	Date /	<i>l</i>
Island Capital Fund, VI, LLC	Ley Drunce	र्व १७	28
Name of Signer (Print or Type)	Witle of Signer (Print or Type)		
Name of Signer (Print or Type)	a file of Signer (Print or Type)		
Jay Senerchia	Manager		

- ATTENTION -

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

	E. STATE SIGNATURE	
	esently subject to any of the disqualification provisions	Yes No □ ⊠
	See Appendix, Column 5, for state response.	
2. The undersigned issuer hereby undertakes to Form D (17 CFR 239,500) at such times as	furnish to any state administrator of any state in which this notice is required by state law.	filed, a notice on
3. The undersigned issuer hereby undertakes to issuer to offerees.	furnish to the state administrators, upon written request, information	n furnished by the
limited Offering Exemption (ULOE) of the	sucer is familiar with the conditions that must be satisfied to be entitle state in which this notice is filed and understands that the issuer claim thing that these conditions have been satisfied.	
The issuer has read this notification and knows undersigned duly authorized person.	the contents to be true and has duly caused this notice to be signed o	n its behalf by the
Issuer (Print or Type)	Signature Date	: / /
Island Capital Fund, VI, LLC	Jag Demorce 9	ने/7/०४
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Jay Senerchia	Manager	

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.

(M0013875.1) 6 of 9

APPENDIX

1	Γ	2	3		4	 ,	•	5 Diameticanian				
	to non-	d to sell accredited rs in State B-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)		Type of in amount purch (Part C-	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)						
State	Yes	No	Units of LLC Interest	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
AL												
AK												
AZ												
AR												
CA		X	\$6,840,000	1	\$1,000,000	0	\$0		X			
СО												
СТ												
DE												
DC												
FL		X	\$6,840,000	2	\$300,000	0	\$0		Х			
GA												
НП		X	\$6,840,000	2	\$1,000,000	0	\$0		X			
ID												
IL												
IN												
IA												
KS												
KY												
LA												
ME												
MD												
MA		Х	\$6,840,000	5	\$790,000	0	\$0		X			
MI												
MN												
MS												

APPENDIX

1	to non-	2 d to sell accredited rs in State B-Item 1	Type of security and aggregate offering price offered in state (Part C Item 1)		4 Type of inv amount purch (Part C-l	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Units of LLC Interest	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО						··		· · · · · · · · · · · · · · · · · · ·	
MT									
NE					****				
NV									
NH		X	\$6,840,000	2	\$550,000	0	\$0	·	Х
NJ									
NM									
NY					-				
NC		Х	\$6,840,000	1	\$200,000	0	\$0		Х
ND									
ОН		X	\$6,840,000	1	\$2,000,000	0	\$0		Х
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA		X	\$6,840,000	1	\$1,000,000	0	\$0		X
WA									
WV									
WI			į				·		

				A	PPENDIX					
1	2		3				5 Disqualification under State ULOE			
to in	Intend to sell to non-accredited investors in State (Part B-ltem 1 (Part C lter				Type of investor and amount purchased in State (Part C-Item 2)					
State	Yes	No	Units of LLC Interest	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY				· · · · · ·						
PR								· -		
Intern'l.										

