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:C	october 31, 2008						
Estimated average by	urden						
hours per form	16.00						
SEC USE	ONLY						
Prefix	Serial						
1	1						
DATE RECEIVED							
1	1						
<u>. </u>	<u> </u>						

Name of Offering	(check if this is an ar	mendment and name h	nas changed, and in	ndicate change.)						
Offering of Member	ship Interests of K2 Inve	estment Partners II, L	.L.C.							
Filing Under (Check	box(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	Section 4(6)	SEG.OE				
Type of Filing:	■ New Filing				Mai	Processing				
A. BASIC IDENTIFICATION DATA										
Enter the inform	nation requested about the	issuer			UL	A A YUUU				
Name of Issuer	check if this is an arr	nendment and name h	as changed, and in	dicate change.						
K2 Investment Part	ners II, L.L.C.					shington, DC				
Address of Executive	e Offices:		(Number and Stree	et, City, State, Zip Co		mben ((igcluding Area Code)				
c/o K2 Advisors, L.	L.C., 300 Atlantic Street,	12 th Floor, Stamford,	Connecticut 0690	11		(203)348.5252				
Address of Principal	Offices		(Number and Stree	et, City, State, Zip Co	de) Telep					
(if different from Exec	cutive Offices)			PROCESS		III ba iri a l ia ab iib baiya abiib biya abiib biya abiib biba abiib biba abiib biba abiib biba abiib abiib abiib				
Brief Description of E	Business: Investing i	in a diversified group	of investment en		P.					
				<u>DCT 2 3 200</u>	8	N. 80161.5779 67111 61113 8719 61111 41119 1151.1771				
Type of Business Or	ganization		_			08062652				
į	corporation	☐ limited p	artnership, already	lowed SON SE	Per (please sp	ecity)				
	☐ business trust		artnership, to be fo		Limited Liability Cor					
			Month	Year	•					
Actual or Estimated I	Date of Incorporation or O	rganization:	0 9	9	8 🖾 Act	ual Estimated				
Jurisdiction of Incorp	oration or Organization: (Enter two-letter U.S. P	ostal Service Abbre	eviation for State;						
		CN	l for Canada; FN fo	r other foreign jurisdi	ction) D	E				

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.

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. BASIC II	DENTIFICATION DATA	A							
Each promoter of the Each beneficial own Each executive office.	 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, i	f individual):	K2 Advisors, L.L.C.			***************************************						
Business or Residence Add	ress (Number an	d 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	ress (Number an	d Street, City, State, Zip Coo									
			300 Atlantic Street, 12th	Floor, Stamford	, Connecticut 06901						
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 Add	ress (Number an	d Street, City, State, Zip Coo	de): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th		Connecticut 06901						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual):	Ferguson, John T.									
Business or Residence Add	ress (Number an	d Street, City, State, Zip Coo	de): c/o K2 Advisors, L.L.C. 300 Atlantic Street, 12 th		Companions 05001						
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual):	Anne Arundel County									
Business or Residence Add	ress (Number an	d Street, City, State, Zip Coo	•								
			Annapolis, Maryland 2	1401							
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 an	d Street, City, State, Zip Coo	de):								
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 an	d Street, City, State, Zip Coo	ie								
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 an	d Street, City, State, Zip Coo	de):		1						
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)

	B. INFORMATION ABOUT OFFERING												
1. H	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?										⊠ No		
What is the minimum investment that will be accepted from any individual?									\$1,	,000,000*			
3. D	3. Does the offering permit joint ownership of a single unit?										. □ No		
ar of ar	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.												
Fuil Na	me (Last na	ıme first, il	findividual)									
Busine	ss or Reside	ence Addr	ess (Numb	per and Sti	reet, City, S	State, Zip	Code)	•••		.,,			
Name	of Associate	d Broker o	or Dealer								_		
	in Which Pe												IT All Charles
(C [AL]	heck "All Si 	ates or ci ☐ [AZ]			s) [CO]							[ID]	☐ All States
	(NI)	(IA)	□ (KS)					□ [MA]			[MS]	□ [MO]	
□ [МТ] [NE]			[NJ]								[PA]	
☐ [RI]	□ [SC]		[MT]		[עד]							☐ [PR]	
Full Na	me (Last na	ıme first, if	individual)						 .			
Busine	ss or Reside	ence Addre	ess (Numb	per and Str	reet, City, S	State, Zip	Code)		=		· 7 - ·		
Name	of Associate	d Broker o	or Dealer										
(C	in Which Pe heck "All St												All States
☐ [AL]					☐ [CO]							□ [ID]	
	[N] □	□ [IA] —								—· ·	☐ [MS]	-· ·	
) [NE]				☐ (NM) —							_	
☐ [RI] ———	[SC]	[SD]	[TN]	☐ (TX)	[עדט]	☐ [VT]	□ [VA]	[WA]	(WV)	□ [WI]		☐ [PR] —————	
Full Na	me (Last na	me first, if	individual) ———									
Busine	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name o	of Associate	d Broker o	r Dealer										
	in Which Pe heck "All St												☐ All States
☐ [AL]	[AK]	☐ [AZ]	☐ [AR]		□ [CO]		□ (DE)		[FL]	□ [GA]	[HI]	□ [ID]	
[tr]	□ [IN]	□ [IA]	☐ [KS]	□ [KY]	[LA]		☐ [MD]	☐ [MA]		☐ [MN]		[MO]	
□ [MT	NE)	□ [NV]	□ [NH]	□ [NJ]	□ [NM]	□ [ИҮ]			□ [OH]		☐ [OR]	☐ [PA]	
☐ (RI)	□ [SC]	☐ [SD]	□ [TN]	□ [ТХ]		[\lambda_L]	[AV]	□ [WA]	[M∧]	[W1]	□ [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 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	. <u>\$</u>	0	\$ 0
	Equity	\$	0	\$ 0
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	. <u>\$</u>	0	\$ 0
	Partnership Interests	\$	0	\$ 0
	Other (Specify) Membership Interests	\$	500,000,000	\$ 84,392,007
	Total	\$	500,000,000	\$ 84,392,007
	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 Amount of Purchases
	Accredited Investors	·	69	\$ 84,392,007
	Non-accredited Investors		n/a	\$ n/a
	Total (for filings under Rule 504 only)	·	0	\$ 0
3.	Answer also in Appendix, Column 4, if filing under ULOE 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		n/a	\$ n/a
	Regulation A		n/a	\$ n/a
	Rule 504		n/a	\$ n/a
	Total		n/a	\$ n/a
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		🗆	\$
	Printing and Engraving Costs		🗆	\$
	Legal Fees		🛛	\$ 94,389
	Accounting Fees		🖾	\$ 124,000
	Engineering Fees		🗖	\$
	Sales Commissions (specify finders' fees separately)		🗆	\$
	Other Expenses (identify)		🗆	\$
	Total		🛛	\$ 218,389

4	b. Enter the difference between the aggregate offering pri Question 1 and total expenses furnished in response to Part "adjusted gross proceeds to the issuer."	t C-Question 4.a. This different	ence is the			\$	499,781,611
5	Indicate below the amount of the adjusted gross proceeds to used for each of the purposes shown. If the amount for any estimate and check the box to the left of the estimate. The to the adjusted gross proceeds to the issuer set forth in response	purpose is not known, furnis total of the payments listed m	h an ust equal	Ó Dire	ments to fficers, ectors & ffiliates		Payments to Others
	Salaries and fees			\$			\$
	Purchase of real estate	•••••••••••••••••••••••••••••••••••••••		\$			\$
	Purchase, rental or leasing and installation of machin	nery and equipment		\$			<u>\$</u>
	Construction or leasing of plant buildings and facilities	s		<u>\$</u>			\$
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets pursuant to a merger	or securities of another issue	er	<u>\$</u>		. 🗆	\$
	Repayment of indebtedness			\$			<u>\$</u>
	Working capital			\$	_	☒	\$ 499,781,611
	Other (specify):			\$			<u>\$</u>
				\$			\$
	Column Totals			\$		፟፟፟፟፟፟	\$499,781,611
	Total payments Listed (column totals added)				⋈ \$	499	781,611
	O	FEDERAL SIGNATU	IRE		· ·	• • •	· · · · · · · · · · · · · · · · · · ·
CO	is issuer has duly caused this notice to be signed by the undenstitutes an undertaking by the issuer to furnish to the U.S. So the issuer to any non-accredited investor pursuant to paragra	ersigned duly authorized pers	on. If this n	otice is file on written r	d under Rule equest of its	505, the staff, the	following signature information furnished
Iss	uer (Print or Type)	ignature (Da	ate:	10/14/08
		itle of Signer (Print of Type) hier Operating Officer (2)	Advisors, L	.L.C., its [.] l	Member M	anagei	c

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

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 prese provisions of such rule?	ently subject to any of the disqualification	Yes 🔀 No						
	See A	ppendix, 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 fu	urnish to the state administrators, upon written request, infor	mation furnished by the issuer to offerees.						
4.		per is familiar with the conditions that must be satisfied to be tice is filed and understands that the issuer claiming the avai satisfied.							
	uer has read this notification and knows the conte ted person.	nts to be true and has duly caused this notice to be signed o	n its behalf by the undersigned duly						
Issuer (Print or Type)	Signature	Date 10/14/08						
Name of Signer (Print or Type)		Title of Signer (Print of Type)							
John T	. Ferguson	Chief Oberating Office, k2 Advisors, L.L.C., its Me	ember Manager						

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.

			, <u>, , ,</u>	AP	PENDIX					
1		2	3			4			5	
	to non-a	to sell ccredited s in State - 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)					
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL		Х	\$500,000,000	10	\$7,030,000	0	0		х	
AK										
AZ										
AR										
CA		х	\$500,000,000	3	\$4,675,000	0	0		×	
со										
СТ		х	\$500,000,000	7	\$2,553,996	0	0		Х	
DE										
DC					ļ				ļ	
FL		Х	\$500,000,000	12	\$6,448,000	0	0	<u> </u>	X	
GA		X	\$500,000,000	2	\$1,750,000	0	0		X	
HI					-					
ID								ļ		
IL		Х	\$500,000,000	1	\$1,000,000	0	0	-	X	
IN		Х	\$500,000,000	1	\$350,000	0	0		X	
IA										
KS	***									
KY		×	\$500,000,000	1	\$5,313,028	0	0		Х	
LA								<u> </u>		
ME										
MD		X	\$500,000,000	2	\$25,615,000	0	0		X	
MA		Х	\$500,000,000	6	\$3,375,000	0	0		X	
MI		!			 			-		
MN			\$500,000,000		#F00.000				 	
MO		×	\$500,000,000	1	\$500,000	0	0		Х	
MT						1		-		
NE NE										
NV			\$500,000,000		64 050 000					
NH		Х	\$500,000,000	2	\$1,050,000	0	0	ļ	X	
NJ						 				
NM					<u> </u>	 			-	
IAWI						1]	

		<u></u>		AP	PENDIX					
1	;	2	3			4			<u> </u>	
	to non-ad		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)					
State	Yes	No	Membership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
NY		Х	\$500,000,000	7	\$5,636,795	0	0		х	
NC		Х	\$500,000,000	2	\$3,900,000	0	0		х	
ND				****						
ОН		Х	\$500,000,000	1	\$400,000	0	0		х	
ок										
OR				· • • ·						
PA										
RI										
sc							•			
SD										
TN		Х	\$500,000,000	5	\$6,795,000	0	0		x	
тх		Х	\$500,000,000	3	\$5,653,188	0	0		×	
UT										
VT										
VA										
WA		Х	\$500,000,000	1	\$1,225,000	0	0		х	
wv										
WI										
WY										
Non		х	\$500,000,000	2	\$1,122,000	0	0		х	

