FORM D

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

Estimated average burden hours per response: 4.00

m 1. Issuer's Identity			
Name of Issuer	Previous Name(s)	X None	Entity Type (Select one)
Kingsford Capital Partners, L.P.			Corporation
urisdiction of Incorporation/Organization			Limited Partnership
A			Limited Liability Company
			General Partnership
ear of Incorporation/Organization elect one)			Business Trust
Over Five Years Ago Within Last Five Years	,	t to Be Formed	Other (Specify)
(specify year)		t to be rormed	- Gg
nore than one issuer is filing this notice, check	this box and identify	v additional issuer(s) by attachin	a Items 1 and 2 Continuation Page(s
m 2. Principal Place of Business and	* *		g Kems i and 2 Communion i agas,
reet Address 1	- Contact informat	Street Address 2	
		Street Address 2	DDOOR
160 Brickyard Cove Road, Suite 300			- FKULE
ty St	ate/Province/Country	ZIP/Postal Code	Phone No.
oint Richmond C	Α	94801	(510) 231-9200
n 3. Related Persons			THOMSOND
st Name	First Name		Middle Name
	First Name		Milddle Name
ngsford Capital Management, LLC			
eet Address 1		Street Address 2	
60 Brickyard Cove Road, Suite 300			
y Sta	te/Province/Country	ZIP/Postal Code	. HERRIE EINE INN EINER MICH EINE AUCH AUCH AUCH AUCH
oint Richmond CA		94801	
elationship(s): X Executive Officer I	Director X Promoter		
			09035156
arification of Response (if Necessary) Gener	al Partner		
(Identify a m 4. Industry Group (Select one		s by checking this box 🔀 and a	ttaching Item 3 Continuation Page(s)
Agriculture	Business	S Services	Construction
Banking and Financial Services Commercial Banking	Energy Flect	tric Utilities	REITS & Finance
Insurance	¥ :	gy Conservation	Residential
Investing		Mining	Other Real Estate
Investment Banking	<u></u> Envir	ronmental Services	Retailing
Pooled Investment Fund		Gas C	Restaurants
If selecting this industry group, also select or type below and answer the question below:		er Energy	Technology Computers
Hedge Fund	Health C		Telecommunications
Private Equity Fund	$\mathbf{\mathcal{Q}}$	echnology th insurance	Other Technology
Venture Capital Fund	\sim	in insurance pitals & Physcians	Travel
Other Investment Fund	\simeq	maceuticals	Airlines & Airports
Is the issuer registered as an investmen	nt Othe	r Health Care	Conventions
company under the Investment Comp Act of 1940? Yes No	any Manufac		Tourism & Travel Services
Other Banking & Financial Services	Real Esta		Other Travel
O	Com	mercial) Other



OMB Number: 3235-0076

Expires: January 31, 2009

FORM D

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Revenue Range (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)	Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in
 No Revenues \$1 - \$1,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose Not Applicable 	OR No Aggregate Net Asset Value
tem 6. Federal Exemptions and Exclusions Claime	d (Select all that apply) ment Company Act Section 3(c)
Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504(b)(1)(i) Rule 504(b)(1)(ii) Rule 504(b)(1)(iii) Rule 505 Rule 506 Securities Act Section 4(6)	ection 3(c)(1)
New Notice OR	
Pate of First Sale in this Offering: 07/01/2001	First Sale Yet to Occur
tem 8. Duration of Offering	
Does the issuer intend this offering to last more than one	year? X Yes No
em 9. Type(s) of Securities Offered (Select all t	hat apply)
Equity X	
7 Debt	Tenant-in-Common Securities

Item 10. Business Combination Transaction

Security to be Acquired Upon Exercise of Option,

Option, Warrant or Other Right to Acquire

Warrant or Other Right to Acquire Security

Debt

Another Security

	eing made in connection as a merger, acquisition of	on with a business combination or exchange offer?	Yes	⊠ No	
Clarification of Res	sponse (if Necessary)				
1					

Mineral Property Securities

★ Other (Describe)

Limited partner interests

FORM D

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Minimum investment accepted from any outside investor	\$ 1,000,000.00
em 12. Sales Compensation	
cipient	Recipient CRD Number
	☐ No CRD Number
sociated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	☐ No CRD Number
reet Address 1	Street Address 2
	vince/Country ZIP/Postal Code
All States AL AK AZ AR CA CO IL IN IA KS KY LA MT NE NV NH NJ NM RI SC SD TN TX UT (Identify additional person(s) being paid competer Tem 13. Offering and Sales Amounts	CT DE DC FL GA HI ID ME MD MA MI MN MS MO NY NC ND OH OK OR PA VT VA WA WW WI WY PR ensation by checking this box and attaching Item 12 Continuation Page
(a) Total Offering Amount \$ 500,000,000.00	OR Indefinite
(b) Total Amount Sold \$ 307,211,892.00	
(c) Total Remaining to be Sold (Subtract (a) from (b)) Clarification of Response (if Necessary)	OR Indefinite
em 14. Investors	
Check this hoy if securities in the offering have been or ma	by be sold to persons who do not qualify as accredited investors, and enter the
number of such non-accredited investors who already have in	vested in the oriening:
number of such non-accredited investors who already have interested the total number of investors who already have invested	d in the offering: 46
number of such non-accredited investors who already have in	d in the offering: 46
number of such non-accredited investors who already have interested the total number of investors who already have invested the total number of investors and Finders' Fees	d in the offering: 46
Enter the total number of investors who already have invested em 15. Sales Commissions and Finders' Fees Provide separately the amounts of sales commissions and find	d in the offering: 46

U.S. Securities and Exchange Commission

Washington, DC 20549

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tem 10. Ose of Proceeds	
Provide the amount of the gross proceeds of the offering that has been a used for payments to any of the persons required to be named as directors or promoters in response to Item 3 above. If the amount is unestimate and check the box next to the amount.	executive officers, \$ 0.00
Clarification of Response (if Necessary)	
None, although the general partner of the issuer receiv	ves investment management fees and a special profit allocation.
Signature and Submission	
Please verify the information you have entered and review the	e Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each	identified issuer is:
Irrevocably appointing each of the Secretary of the the State in which the issuer maintains its principal place of a process, and agreeing that these persons may accept service such service may be made by registered or certified mail, in a against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the provisions of: (i) the Securities Act of 1933, the Securities Exc. Company Act of 1940, or the Investment Advisers Act of 1940 State in which the issuer maintains its principal place of busin. Certifying that, if the issuer is claiming a Rule 505 exthe reasons stated in Rule 505(b)(2)(iii). * This undertaking does not affect any limits Section 102(a) of the N 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to recovered securities" for purposes of NSMIA, whether in all instances routinely require offering materials under this undertaking or other so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the content.	dance with applicable law, the information furnished to offerees.* If SEC and the Securities Administrator or other legally designated officer of pusiness and any State in which this notice is filed, as its agents for service of exponents and any State in which this notice is filed, as its agents for service of exponents and any notice, process or pleading, and further agreeing that any Federal or state action, administrative proceeding, or arbitration brought the United States, if the action, proceeding or arbitration (a) arises out of any new subject of this notice, and (b) is founded, directly or indirectly, upon the thange Act of 1934, the Trust Indenture Act of 1939, the Investment Oo, or any rule or regulation under any of these statutes; or (ii) the laws of the mess or any State in which this notice is filed. Exemption, the issuer is not disqualified from relying on Rule 505 for one of ational Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, quire information. As a result, if the securities that are the subject of this Form D are or due to the nature of the offering that is the subject of this Form D, States cannot wise and can require offering materials only to the extent NSMIA permits them to do the nature of the datach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signor
Kingsford Capital Partners, L.P.	Name of Signer Michael I. Wilkins
Signature	Title Manager of Kingsford Capital Management, LLC, General Partner
INWOUND.	Date
Number of continuation pages attached:	<u> 1/11</u> /2009

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 number.

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Washington, DC 20549

Item 3 Continuation Page

ast Name	First Name		Middle Name
Wilkins	Michael		I.
treet Address 1		Street Address 2	
160 Brickyard Cove Road, Suite	300		
ity	State/Province/Country	ZIP/Postal Code	
oint Richmond	CA	94801	
elationship(s): X Executive O	fficer Director Promoter		
• • •	Manager of Kingsford Capit	al Management, I.I.C. Ge	neral Partner
lamication of nesponse (if Necessa	ivaliage of kingstora capit		
			Middle Name
Last Name	First Name		
Scially	John	Street Address 2	D.
Street Address 1		Street Address 2	
1160 Brickyard Cove Road, Suite		710/0 15	
lity	State/Province/Country	ZIP/Postal Code	
Point Richmond	CA	94801	
Relationship(s): X Executive C	Officer Director X Promoter		
Clarification of Response (if Necessary) Last Name	First Name		Middle Name
		Street Address 2	
Last Name Street Address 1	First Name	Street Address 2	
Last Name			
Last Name Street Address 1 City	First Name State/Province/Country	Street Address 2 ZIP/Postal Code	
Last Name Street Address 1	First Name State/Province/Country	Street Address 2 ZIP/Postal Code	
Last Name Street Address 1 City	First Name State/Province/Country Officer Director Promoter	Street Address 2 ZIP/Postal Code	
Last Name Street Address 1 City Relationship(s): Executive C	First Name State/Province/Country Officer Director Promoter	Street Address 2 ZIP/Postal Code	
Last Name Street Address 1 City Relationship(s): Executive C	First Name State/Province/Country Officer Director Promoter	Street Address 2 ZIP/Postal Code	
Last Name Street Address 1 City Relationship(s): Executive C	First Name State/Province/Country Officer Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name
Last Name Street Address 1 City Relationship(s): Executive C Clarification of Response (if Necess	First Name State/Province/Country Officer Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name
Last Name Street Address 1 City Relationship(s): Executive C	First Name State/Province/Country Officer Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name
Last Name Street Address 1 City Relationship(s): Executive C Clarification of Response (if Necess Last Name Street Address 1	First Name State/Province/Country Officer Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name
Last Name Street Address 1 City Relationship(s): Executive C Clarification of Response (if Necess	First Name State/Province/Country Officer Director Promoter First Name	Street Address 2 ZIP/Postal Code Street Address 2	Middle Name
Last Name Street Address 1 City Relationship(s): Executive C Clarification of Response (if Necess Last Name Street Address 1	First Name State/Province/Country Difficer Director Promoter Gray) First Name State/Province/Country	Street Address 2 ZIP/Postal Code Street Address 2 ZIP/Postal Code	Middle Name
Last Name Street Address 1 City Relationship(s): Executive C Clarification of Response (if Necess Last Name Street Address 1	First Name State/Province/Country Officer Director Promoter Director Promoter State/Province/Country Officer Director Promoter	Street Address 2 ZIP/Postal Code Street Address 2 ZIP/Postal Code	Middle Name