FORM D

Notice of Exempt
Offering of Securities

ORIGINAL

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

1308820

Expires: March 31, 2009

Estimated average burden hours per response: 4.00

Intentional misstatements or omissions of fact constitute federal criminal violations. See 18 U.S.C. 1001. Item 1. Issuer's Identity Name of Issuer Entity Type (Select one) Previous Name(s) None Rivanna Offshore Partners, Ltd. Corporation X Limited Partnership Jurisdiction of Incorporation/Organization **Limited Liability Company** Foreign - British Virgin Islands 7 2009 General Partnership **Business Trust** Year of Incorporation/Organization (Select one) Other (Specify) (Within Last Five Years Over Five Years Ago Yet to Be Formed (specify year) (If more than one issuer is filing this notice, check this box 🗌 and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).) Item 2. Principal Place of Business and Contact Information Street Address 1 Street Address 2 Kingston Chambers, PO Box 173, Road Town State/Province/Country ZIP/Postal Code Phone No. Tortola British Virgin Islands 284.494.6046 Item 3. Related Persons Last Name First Name Middle Name Rivanna Capital, LLC **Street Address 1 Street Address 2** Mail Processing 600 Peter Jefferson Parkway, Suite 370 Section State/Province/Country City ZIP/Postal Code MAR 1 1 2009 Charlottesville Virginia 22911 Executive Officer ☐ Director ☐ Promoter Relationship(s): Washington, DC Clarification of Response (if Necessary) (Identify additional related persons by checking this box X and attaching Item 3 Continuation Page(s).) Item 4. Industry Group (Select one) **Agriculture Business Services** Construction **Banking and Financial Services** Energy **REITS & Finance** Commercial Banking **Electric Utilities** Residential Insurance **Energy Conservation** Other Real Estate Coal Mining Investing Retailing Investment Banking **Environmental Services** Restaurants Oil & Gas **Pooled Investment Fund** Technology Other Energy If selecting this industry group, also select one fund Computers type below and answer the question below: Health Care **Telecommunications** ◉ Hedge Fund Biotechnology Other Technology **Private Equity Fund** Health Insurance **Venture Capital Fund Travel Hospitals & Physcians** Airlines & Other Investment Fund **Pharmaceuticals** Is the issuer registered as an investment Other Health Care company under the Investment Company Act of 1940? Yes Manufacturing No **Real Estate** Other Banking & Financial Services Commercial

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Item 5. Issuer Size (Select one)

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 Item 4 above)					
O No Revenues	OR No Aggregate Net Asset Value					
\$1 - \$1,000,000	\$1 - \$5,000,000					
\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000					
\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000					
\$25,000,001 - \$100,000,000	\$50,000,001 - \$100,000,000					
Over \$100,000,000	Over \$100,000,000					
Decline to Disclose	Decline to Disclose					
Not Applicable	Not Applicable					
Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)						
Ir	nvestment Company Act Section 3(c)					
Rule 504(b)(1) (not (i), (ii) or (iii))	Section 3(c)(1)					
Rule 504(b)(1)(i)	Section 3(c)(2) Section 3(c)(10)					
Rule 504(b)(1)(ii)	Section 3(c)(3) Section 3(c)(11)					
Rule 504(b)(1)(iii)	Section 3(c)(4) Section 3(c)(12)					
Rule 505	Section 3(c)(5) Section 3(c)(13)					
☐ Rule 506	Section 3(c)(6) Section 3(c)(14)					
Securities Act Section 4(6)	Section 3(c)(7)					
Item 7. Type of Filing						
○ New Notice OR	nt					
Date of First Sale in this Offering:	OR First Sale Yet to Occur					
Item 8. Duration of Offering						
Does the issuer intend this offering to last more than one year? X Yes No						
Does the issuer intend this offering to last more than	one year? X Yes No					
-	one year?					
-	all that apply)					
Item 9. Type(s) of Securities Offered (Select	all that apply)					
Item 9. Type(s) of Securities Offered (Select Equity Debt	all that apply)					
Item 9. Type(s) of Securities Offered (Select	all that apply) Pooled Investment Fund Interests Tenant-in-Common Securities					
Item 9. Type(s) of Securities Offered (Select Equity Debt Option, Warrant or Other Right to Acquire	all that apply) Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities					
Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option,	all that apply) Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities					
Item 9. Type(s) of Securities Offered (Select Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Item 10. Business Combination Transaction Is this offering being made in connection with a busin	all that apply) Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (Describe)					
Item 9. Type(s) of Securities Offered (Select Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Item 10. Business Combination Transaction	all that apply) Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (Describe)					
Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Item 10. Business Combination Transaction Is this offering being made in connection with a busing transaction, such as a merger, acquisition or exchange offer.	all that apply) Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (Describe)					
Equity Debt Option, Warrant or Other Right to Acquire Another Security Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Item 10. Business Combination Transaction Is this offering being made in connection with a businessaction, such as a merger, acquisition or exchange offer.	all that apply) Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (Describe)					

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Minimum investment accepted from any outside investor	\$ 1,000,000 (subject to waiver)
tem 12. Sales Compensation	
ecipient	Recipient CRD Number
	☐ No CRD Number
ssociated) Broker or Dealer None	(Associated) Broker or Dealer CRD Number
	No CRD Number
Street Address 1	Street Address 2
City State/Provin	nce/Country ZIP/Postal Code
States of Solicitation All States	
AL AK AZ AR CA CO	☐ CT ☐ DE ☐ DC ☐ FL ☐ GA ☐ HI ☐ ID ☐ ME ☐ MD ☐ MA ☐ MI ☐ MN ☐ MS ☐ MO
IL IN IA IKS IKY IA [MT NE NV NH NU NM [ME MD MA MI MN MS MO NY NC ND OH OK OR PA
RI SC SD TN TX UT	VT VA WA WW WI WY PR
(Identify additional person(s) being paid compens	sation by checking this box $\ \ \ \ \ \ \ \ \ \ \ \ \ $
Item 13. Offering and Sales Amounts	
(a) Total Offering Amount	OR X Indefinite
•	OR
(b) Total Amount Sold \$ 20,895,610.89	<u> </u>
(c) Total Remaining to be Sold (Subtract (a) from (b))	OR 🗵 Indefinite
Clarification of Response (if Necessary)	
U.S. investors only - net of withdrawals.	
Item 14. Investors	
Check this box if securities in the offering have been or may be	be sold to persons who do not qualify as accredited investors, and enter the
number of such non-accredited investors who already have inve	sted in the offering:
Enter the total number of investors who already have invested in	in the offering: 8 (U.S. only)
Item 15. Sales Commissions and Finders' Fees E	Expenses
Provide conservable the amounts of cales commissions and finder	rs' fees expenses, if any. If an amount is not known, provide an estimate ar
check the box next to the amount.	s rees expenses, if any. If an amount is not known, provide an estimate at
	Sales Commissions \$ Estimate
Clarification of Response (if Necessary)	Finders' Fees \$ Estimate
Clarification of Nesponse (in Necessary)	
Claim Cation of Response (in Necessary)	

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tem 16. Use of Proceeds	
Provide the amount of the gross proceeds of the offering that has been or used for payments to any of the persons required to be named as a directors or promoters in response to Item 3 above. If the amount is unlistimate and check the box next to the amount.	executive officers. \$ 40,000
Clarification of Response (if Necessary)	
The Issuer will pay Rivanna Capital, LLC a quarterly manage to 20% of net profit in excess of any loss carryforward. In ad \$40,000 of organizational and offering expenses advanced o	ement fee equal to 0.25% of net assets and a quarterly incentive fee equal dition, the Issuer will reimburse Rivanna Capital, LLC and its affiliates up to in behalf of the Issuer.
Signature and Submission	
Please verify the information you have entered and review the	Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice, each id	dentified issuer is:
Irrevocably appointing each of the Secretary of the State in which the issuer maintains its principal place of be process, and agreeing that these persons may accept service of such service may be made by registered or certified mail, in an 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 Exch. Company Act of 1940, or the Investment Advisers Act of 1940, State in which the issuer maintains its principal place of busing	ance with applicable law, the information furnished to offerees.* SEC and the Securities Administrator or other legally designated officer of usiness and any State in which this notice is filed, as its agents for service of on its behalf, of any notice, process or pleading, and further agreeing that my Federal or state action, administrative proceeding, or arbitration brought a United States, if the action, proceeding or arbitration (a) arises out of any esubject of this notice, and (b) is founded, directly or indirectly, upon the lange Act of 1934, the Trust Indenture Act of 1939, the Investment or any rule or regulation under any of these statutes; or (ii) the laws of the less or any State in which this notice is filed.
110 Stat. 3416 (Oct. 11, 1996)) imposes on the ability of States to requ "covered securities" for purposes of NSMIA, whether in all instances o	tional Securities Markets Improvement Act of 1996 ("NSMIA") (Pub. L. No. 104-290, iire information. As a result, if the securities that are the subject of this Form D are r due to the nature of the offering that is the subject of this Form D, States cannot ise and can require offering materials only to the extent NSMIA permits them to do
Each identified issuer has read this notice, knows the contents undersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.)	to be true, and has duly caused this notice to be signed on its behalf by the attach Signature Continuation Pages for signatures of issuers identified
Issuer(s)	Name of Signer
Rivanna Offshore Partners, Ltd.	Craig F. Colberg
Signature	Title
Cuz 7 Coll	Director
	Data

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.

Number of continuation pages attached:

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Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name	First Name		Middle Name		
Colberg	Craig		F.		
Street Address 1		Street Address 2	J		
600 Peter Jefferson Parkway, Suite 37	0				
City	State/Province/Country	ZIP/Postal Code			
Charlottesville	Virginia	22911			
Relationship(s): Executive Officer	Relationship(s): Executive Officer X Director X Promoter				
Clarification of Response (if Necessary)					
Last Name	First Name		Middle Name		
Sorensen	Jack		B.		
Street Address 1		Street Address 2			
600 Peter Jefferson Parkway, Suite 37	0				
City	State/Province/Country	ZIP/Postal Code			
Charlottesville	Virginia	22911			
Relationship(s): Executive Officer	□ Director				
	X X				
Clarification of Response (if Necessary)					
Last Name	First Name		Middle Name		
Street Address 1		Street Address 2	J		
City	State/Province/Country	ZIP/Postal Code			
Relationship(s): Executive Officer Director Promoter					
Clarification of Response (if Necessary)					
Claimcation of Response (if Necessary)					
					
Last Name	First Name		Middle Name		
Street Address 1		Street Address 2			
City	State/Province/Country	ZIP/Postal Code			
Relationship(s): Executive Officer	☐ Director ☐ Promoter		END		
Clarification of Response (if Necessary)					
Ciamication of nesponse (if Necessary)					