FORM D

Notice of Exempt
Offering of Securities

1343412

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB APPROVAL

OMB Number: 3235-0076

Expires: January 31, 2009

Estimated average burden hours per response: 4.00

| | | 25, 500 25 | |
|--|---|------------------------------|--|
| Name of Issuer | Previous Name(s) | Note C | Entity Type (Select one) |
| Encore Fund, L.P. | | Section | Corporation |
| Jurisdiction of Incorporation/Organization | | | Limited Partnership Limited Liability Company |
| CA | | MAR 1 2 2009 | General Partnership |
| Year of incorporation/Organization (Select orie) Over Five Years Ago Within Last Five Years (specify year) | Yet to Be | Washington, DC | Business Trust Other (Specify) |
| If more than one issuer is filing this notice, check th | is box 🔲 and identify addit | ional issuer(s) by attaching | Items 1 and 2 Continuation Page(s |
| tem 2. Principal Place of Business and G | Contact Information | | |
| Street Address 1 | Stre | et Address 2 | , 66 |
| 555 California Street, Suite 2975 | | | 70 370 |
| City State | Province/Country ZIP/ | Postal Code | Phone No. |
| San Francisco CA | 941 | | (415) 676-4000 |
| | | | (415) 676-4000 |
| tem 3. Related Persons Last Name | F. AN | | |
| | First Name | | Middle Name |
| Symphony Asset Management LLC | | | |
| Street Address 1 | Stree | et Address 2 | |
| 555 California Street, Suite 2975 | | | |
| City State/ | Province/Country ZIP/I | Postal Code | |
| San Francisco CA | 941 | 04 | |
| Relationship(s): X Executive Officer Dire | ector X Promoter | | 09036172 |
| Clarification of Response (if Necessary) General | | | |
| | | | |
| | itional related persons by ch | ecking this box 🔀 and att | aching Item 3 Continuation Page(s |
| em 4. Industry Group (Select one) Agriculture | O D | | |
| Agricukture Bankk/æg and Financial Services | Business ServiEnergy | ices | Construction REITS & Finance Residential Other Real Estate Retailing Restaurants |
| Commercial Banking | Electric Utilii | ties | REITS & Finance Residential |
| Insurance | Energy Cons | ervation | Other Real Estate |
| Investing | Coal Mining | • | O other near Estate |
| Investment Banking | Environmen | tal Services | Retailing Thomas |
| Pooled Investment Fund | Oil & Gas | O | |
| If selecting this industry group, also select one f | und Other Energy | y | Technology Computers |
| type below and answer the question below: | Health Care | | Telecommunications |
| Hedge Fund | Biotechnolog | - | Other Technology |
| Private Equity Fund | Health Insura | | 9 |
| Venture Capital Fund | Hospitals & P | Physcians | Travel Airlines & Airports |
| Other Investment Fund | Pharmaceution | cals | |
| Is the issuer registered as an investment company under the Investment Company | Other Health | Care | Lodging & Conventions |
| Act of 1940? Yes No | ○ Manufacturing | 9 | Tourism & Travel Services |
| • | Real Estate | | Other Travel |
| Other Banking & Financial Services | neal Estate | · · | Other |

FORM D

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| Item 5. | Issuer | Size | (Se | lect | 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 |
|---|--|
| OR No Revenues | Item 4 above) |
| No Revenues \$1 - \$1,000,000 | No Aggregate Net Asset Value |
| \$1,000,001 - \$5,000,000 | \$1 - \$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 |
| O Decline to Disclose | Decline to Disclose |
| Not Applicable | Not Applicable |
| Item 6. Federal Exemptions and Exclusions Claimed (| (Select all that apply) |
| | Company Act Section 3(c) |
| Rule 504(b)(1) (not (i), (ii) or (iii)) Section | 3(c)(1) Section 3(c)(9) |
| 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 | 1 3(c)(4) Section 3(c)(12) |
| Rule 505 Section | n 3(c)(5) Section 3(c)(13) |
| Rule 506 Section | n 3(c)(6) Section 3(c)(14) |
| Securities Act Section 4(6) | |
| Item 7. Type of Filing | |
| New Notice OR Amendment | |
| Date of First Sale in this Offering: 01/01/06 | First Sale Yet to Occur |
| Item 8. Duration of Offering | |
| Does the issuer intend this offering to last more than one year? | Yes No |
| Item 9. Type(s) of Securities Offered (Select all that a | pply) |
| ☐ Equity 🔀 Poo | oled Investment Fund Interests |
| ☐ Debt ☐ Ten | nant-in-Common Securities |
| | neral Property Securities |
| Another Security Another Security | er (Describe) |
| Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security Limited | d partner interests |
| Item 10. Business Combination Transaction | |
| Is this offering being made in connection with a business combine transaction, such as a merger, acquisition or exchange offer? | nation Yes X No |
| Clarification of Response (if Necessary) | |
| MANAGE TO A STATE OF THE STATE | |
| | |
| 1 | |

| FORM D | U.S. Securities and Exchange Commission Washington, DC 20549 | | | |
|-----------------------------|---|--------------------------------|--|--|
| Item 11. Minimum I | nvestment | | | |
| Minimum investment a | accepted from any outside investor | \$ | 500,000.00 | |
| Item 12. Sales Com | pensation | | | |
| Recipient | төөлүү и шүнөөтө, обынча ой бөөчөө ойон айсый, ай-а-амын айда ой айда байдан, ойон адамын очин айда ойон айда ой | nah melanda ang dindhilan an a | Recipient CRD Number | ************************************** |
| | | | | No C |
| (Associated) Broker or Deal | er None | | (Associated) Broker or Dealer CRD Number | |
| | | | | No C |
| Street Address 1 | | | Street Address 2 | |
| | | | | |

| ecipient | Recipient CRD Number | | |
|---|---|----------------|-----------------------------------|
| | | | ☐ No CRD Number |
| Associated) Broker or Dealer None | (Associated) Broker or De | aler CRD Nu | ımber |
| | | | ☐ No CRD Number |
| Street Address 1 | Street Address 2 | | |
| | | | |
| City Stat | e/Province/Country ZIP/Postal Co | de | |
| | | | |
| States of Solicitation | | | |
| □ AL □ AK □ AZ □ AR □ CA □ □ IL □ IN □ IA □ KS □ KY □ | CO CT DE DC | ∦ ∏ FL ☐ MI | GA HI ID |
| MT NE NV NH NJ N | NM NY NC ND | _ | OK OR PA |
| RI SC SD TN TX | UT VT VA WA | □ wv | ☐ WI ☐ WY ☐ PR |
| (Identify additional person(s) being paid of | ompensation by checking this box | and attach | ning Item 12 Continuation Page(|
| Item 13. Offering and Sales Amounts | | | |
| (a) Total Offering Amount \$ 500,000,000 | 0.00 | OR | Indefinite |
| | . 40 | | Пистис |
| 323/233/323 |).42 | | |
| (c) Total Remaining to be Sold \$ 171,799,373 (Subtract (2) from (b)) | 3.58 | OR | Indefinite |
| Clarification of Response (if Necessary) | | | |
| | | | |
| Îtem 14. Investors | | | |
| Check this box if securities in the offering have been of | or may be sold to persons who do not | qualify as ac | credited investors, and enter the |
| number of such non-accredited investors who already ha | ive invested in the offering: | | |
| | | | • |
| Enter the total number of investors who already have inv | vested in the offering: 48 | | |
| Item 15. Sales Commissions and Finders' F | ees Expenses | | |
| Provide separately the amounts of sales commissions and check the box next to the amount. | d finders' fees expenses, if any. If an a | mount is no | t known, provide an estimate ar |
| check the box hext to the amount. | 5 1 5 1 1 1 1 0 00 | | |
| | Sales Commissions \$ 0.00 | | X Estimate |
| Clarification of Response (if Necessary) | Finders' Fees \$ 0.00 | | ★ Estimate |
| | | | |
| | | | |
| | | | |

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Washington, DC 20549

| 14 | 40 | 11 | - C D | |
|------|-----|-----|-------|--------|
| Item | 16. | use | of Pr | oceeds |

| Provide the amount of the gross proceeds of the offering that has been or i used for payments to any of the persons required to be named as endirectors or promoters in response to Item 3 above. If the amount is unknestimate and check the box next to the amount. | xecutive officers, \$ 0.00 |
|---|---|
| Clarification of Response (if Necessary) | |
| None, although the general partner of the issuer receive | s investment management fees and a special profit allocation. |
| Signature and Submission | |
| Please verify the information you have entered and review the T | erms of Submission below before signing and submitting this notice. |
| Terms of Submission. In Submitting this notice, each ide | entified issuer is: |
| the State in which the issuer maintains its principal place of bus process, and agreeing that these persons may accept service or such service may be made by registered or certified mail, in any against the issuer in any place subject to the jurisdiction of the activity in connection with the offering of securities that is the sprovisions of: (i) the Securities Act of 1933, the Securities Exchall Company Act of 1940, or the Investment Advisers Act of 1940, or State in which the issuer maintains its principal place of business | EC and the Securities Administrator or other legally designated officer of siness and any State in which this notice is filed, as its agents for service of n its behalf, of any notice, process or pleading, and further agreeing that y Federal or state action, administrative proceeding, or arbitration brought United States, if the action, proceeding or arbitration (a) arises out of any subject of this notice, and (b) is founded, directly or indirectly, upon the nge 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 |
| 110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of States to requir "covered securities" for purposes of NSMIA, whether in all instances or routinely require offering materials under this undertaking or otherwis so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the contents tundersigned duly authorized person. (Check this box | onal Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, re information. As a result, if the securities that are the subject of this Form D are due to the nature of the offering that is the subject of this Form D, States cannot se and can require offering materials only to the extent NSMIA permits them to do 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 |
| in Item 1 above but not represented by signer below.) | |
| Issuer(s) | Name of Signer |
| Encore Fund, L.P. | Neil L. Rudolph |
| Signature | Title |
| Hallut K | Chief Financial Officer of Symphony Asset Management LLC, General Partner |
| Number of continuation pages attached: | Date |
| The state of contamulation pages attached, | <u>3/10</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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Item 3 Continuation Page

Item 3. Related Persons (Continued)

| Last Name | First Name | | Middle Name | | |
|--|---------------------------|--|--|--|--|
| Skelton | Jeffrey | | L. | | |
| Street Address 1 | | Street Address 2 | J | | |
| 555 California Street, Suite 2975 | | | | | |
| City | State/Province/Country | ZIP/Postal Code | | | |
| San Francisco | CA | 94104 | | | |
| Relationship(s): X Executive Officer | Director X Promoter | | | | |
| Clarification of Response (if Necessary) Ex | ecutive Officer of Sympho | ony Asset Management LLC | General Partner | | |
| | | | y deficient district | | |
| Last Name | First Name | | Middle Name | | |
| Gottipalli | Praveen | | | | |
| Street Address 1 | riaveen | Street Address 2 | | | |
| 555 California Street, Suite 2975 | | | | | |
| City | State/Province/Country | ZIP/Postal Code | | | |
| San Francisco | CA | 94104 | | | |
| Relationship(s): X Executive Officer | Director X Promoter | | | | |
| | | A + A A + 1 1 C | C 10 . | | |
| Clarification of Response (if Necessary) | ecutive Officer of Sympho | ony Asset Management LLC | , General Partner | | |
| | | Annual Community and Community | - Company Address Company Company Company | | |
| Last Name | First Name | | Middle Name | | |
| Rudolph | Neil | | L. | | |
| Street Address 1 | | Street Address 2 | | | |
| 555 California Street, Suite 2975 | | | | | |
| City | State/Province/Country | ZIP/Postal Code | | | |
| San Francisco | CA | 94104 | | | |
| Relationship(s): X Executive Officer Director X Promoter | | | | | |
| Clarification of Response (if Necessary) Executive Officer of Symphony Asset Management LLC, General Partner | | | | | |
| | | | | | |
| Last Name | First Name | | Middle Name | | |
| Henman | Michael | | J. | | |
| Street Address 1 | Street Address 2 | | J | | |
| 555 California Street, Suite 2975, | | | | | |
| City | State/Province/Country | ZIP/Postal Code | The first control of the second of the secon | | |
| San Francisco | CA | 94104 | | | |
| Jan Francisco | 1 | | | | |
| The state of the s | | | | | |
| Relationship(s): Executive Officer [Clarification of Response (if Necessary) Ex | Director X Promoter | No. Accest Management of the Control | Consul Destroy | | |

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Washington, DC 20549

Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name Stein Gunther Street Address 1 Street Address 2 555 California Street, Suite 2975 City State/Province/Country ZIP/Postal Code CA 94104 San Francisco X Executive Officer Director X Promoter Relationship(s): Clarification of Response (if Necessary) | Executive Officer of Symphony Asset Management LLC, General Partner 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 Clarification of Response (if Necessary) Last Hanke First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Relationship(s): Executive Officer Director Promoter Clarification 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 Clarification of Response (if Necessary)