

MAR 2 2 2000

FORM D

Notice of Exempt Offering of Securities

SEC1972 (09/08)

U.S. Securities and Exchange Commission

Washington, DC 20549

(See instructions beginning on page 5)

OMB Number: 3235-0076

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 (Selectione) Previous Name(s) X None Julia Therapeutics, LLC Corporation Jurisdiction of Incorporation/Organization Limited Partnership Limited Liability Company Massachusetts General Partnership Year of Incorporation/Organization **Business Trust** (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 2 Arlington Rd City State/Province/Country ZIP/Postal Code Phone No. Wellesely Ma 02481 781-489-5378 Item 3. Related Persons Last Name First Name Middle Name Litman Peter Street Address 1 Street Address 2 2 Arlington Rd City State/Province/Country ZIP/Postal Code Wellesley MA 02481 Relationship(s): X Executive Officer Director 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 Investing Coal Mining Investment Banking Retailing **Environmental Services** Restaurants Pooled Investment Fund Oil & Gas Technology If selecting this industry group, also select one fund Other Energy Computers type below and answer the question below: **Health Care** Telecommunications \bigcirc Hedge Fund Biotechnology Private Equity Fund Other Technology Health Insurance Venture Capital Fund Travel Hospitals & Physcians Other Investment Fund Airlines & Airports Pharmaceuticals is the issuer registered as an investment **Lodging & Conventions** Other Health Care () company under the Investment Company **Tourism & Travel Services** Manufacturing Act of 1940? Yes Other Travel Other Banking & Financial Services Real Estate Commercial Other



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Revenue Range (for issuer not specifying "hedg or "other investment" fund in Item 4 above)	ge" 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 	No Aggregate Net Asset Value \$1 - \$5,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$50,000,001 - \$100,000,000 Over \$100,000,000 Decline to Disclose
Item 6. Federal Exemptions and Exclusions (Claimed (Select all that apply)
Rule 504(b)(1) (not (i), (ii) or (iii)) Rule 504(b)(1)(ii) Rule 504(b)(1)(iii) Rule 505 Rule 506 Securities Act Section 4(6) Pem 7. Type of Filing New Notice OR Amendmate of First Sale in this Offering: Does the issuer intend this offering to last more the	OR First Sale Yet to Occur
tem 9. Type(s) of Securities Offered (Selec	ect all that apply)
EquityDebtOption, Warrant or Other Right to Acquire Another Security	 Pooled Investment Fund Interests Tenant-in-Common Securities Mineral Property Securities Other (Describe)
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security	
tem 10. Business Combination Transaction Is this offering being made in connection with a bus	usiness combination Yes 🔀 No

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Item 11. Minimum Investment		
Minimum investment accepted from any outside investor	\$5000	
Item 12. Sales Compensation		
Recipient	Recipient CRD Number	THE STATE OF THE S
	The control of the co	No CRD Number
(Associated) Broker or Dealer None	(Associated) Broker or Dealer CRD	
		No CRD Number
Street Address 1	Street Address 2	
City State/Provinc	e/Country ZIP/Postal Code	
States of Solicitation 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 compensal	CT	I MN MS MO
(a) Total Offering Amount \$ 170,000		
(a) Total Offering Amount \$ 170,000	OR	Indefinite
(b) Total Amount Sold \$ 170,000		
(c) Total Remaining to be Sold \$ 0	OR	?
(Subtract (a) from (b)) Clarification of Response (if Necessary)		Indefinite
Item 14. Investors		
Check this box if securities in the offering have been or may be number of such non-accredited investors who already have invested.	d in the offering:	accredited investors, and enter the
Enter the total number of investors who already have invested in the	ne offering: 6	
tem 15. Sales Commissions and Finders' Fees Ex	penses	
Provide separately the amounts of sales commissions and finders' for check the box next to the amount.		not known, provide an estimate and
S	ales Commissions \$	Estimate
Clarification of Response (if Necessary)	Finders' Fees \$	Estimate

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ed for payments to any of the persons required to be na ectors or promoters in response to Item 3 above. If the amo imate and check the box next to the amount.	as been or is proposed to be amed as executive officers, sunt is unknown, provide an
Clarification of Response (if Necessary)	
gnature and Submission	
Please verify the information you have entered and rev	view the Terms of Submission below before signing and submitting this notice.
Terms of Submission. In Submitting this notice	
undertaking to furnish them, upon written request, in Irrevocably appointing each of the Secretary the State in which the issuer maintains its principal places, and agreeing that these persons may accept such service may be made by registered or certified magainst the issuer in any place subject to the jurisdictivity in connection with the offering of securities the provisions of: (i) the Securities Act of 1933, the Securit Company Act of 1940, or the Investment Advisers Act State in which the issuer maintains its principal place of Certifying that, if the issuer is claiming a Rule the reasons stated in Rule 505(b)(2)(iii).	e 505 exemption, the issuer is not disqualified from relying on <u>Rule 505 for one of</u> of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290.
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of State "covered securities" for purposes of NSMIA, whether in all ins	es to require information. As a result, if the securities that are the subject of this Form D are stances or due to the nature of the offering that is the subject of this Form D, States cannot
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of State "covered securities" for purposes of NSMIA, whether in all instroutinely require offering materials under this undertaking of so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the coundersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.) Issuer(s)	stances or due to the nature of the offering that is the subject of this Form D, States cannot or otherwise and can require offering materials only to the extent NSMIA permits them to do contents to be true, and has duly caused this notice to be signed on its hebalf by the
110 Stat. 3416 (Oct. 11, 1996)] imposes on the ability of State "covered securities" for purposes of NSMIA, whether in all instroutinely require offering materials under this undertaking of so under NSMIA's preservation of their anti-fraud authority. Each identified issuer has read this notice, knows the coundersigned duly authorized person. (Check this box in Item 1 above but not represented by signer below.)	stances or due to the nature of the offering that is the subject of this Form D, States cannot or otherwise and can require offering materials only to the extent NSMIA permits them to do contents to be true, and has duly caused this notice to be signed on its behalf by the and attach Signature Continuation Pages for signatures of issuers identified
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Item 3 Continuation Page

	First Name		Middle Name	
KLOPOTEK	PETE	R		
Street Address 1		Street Address 2		
Danes Way				
City	State/Province/Country	ZIP/Postal Code		
WENHAM	MASS			
Relationship(s): X Executive Off	icer Director Promoter			
Clarification of Response (if Necessar)				
Last Name	First Name		Middle Name	
BA GERSON		····	Nalogie Name	
Street Address 1	TAMES	Street Address 2		
19 W.95 Th 81-		Street Address 2		
City 8F	State/Province/Country	7ID/Destal Code		
		ZIP/Postal Code		
NEW YORK		10035		
	cer Director Promoter			
Clarification of Response (if Necessary)			
·		· 		
Last Name	First Name	· 	Middle Name	
			Middle Name	
Last Name GEBAUER Street Address 1	First Name STEFF	Street Address 2	Middle Name	
GEBAUER Street Address 1	ZIEFF		Middle Name	
GEBAUER Street Address 1 MongaCHSTRESSE	2/1 ZIEEE	Street Address 2	Middle Name	
GEBAUER Street Address 1 THE ON BACH STRESSE City	STEFF	Street Address 2 ZIP/Postal Code	Middle Name	
GEBAUER Street Address 1 MONGACHSTRASSE City NEUHASSEN	STEFF	Street Address 2	Middle Name	
GEBAUER Street Address 1 MONBACH STRESSE City NEUHASSEN Relationship(s): Executive Office	STEFF State/Province/Country GERMANY Ler Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name	
GEBAUER Street Address 1 MONBACH STRESSE City NEUHASSEN Relationship(s): Executive Office	STEFF State/Province/Country GERMANY Ler Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name	
GEBAUER Street Address 1 MONBACH STRESSE City NEUHASSEN Relationship(s): Executive Office	STEFF State/Province/Country GERMANY Ler Director Promoter	Street Address 2 ZIP/Postal Code	Middle Name	
GEBAUER Street Address 1 MONBACH STRESSE City NEUHASSEN Relationship(s): Executive Office	STEFF State/Province/Country GERMANY Ler Director Promoter	Street Address 2 ZIP/Postal Code		
GEBAUER Street Address 1 MONGACH STRESSE City NEUHASSEN Relationship(s): Executive Offic Clarification of Response (if Necessary) Last Name	STEFF 7/1 State/Province/Country GEMANY Let Director Promoter First Name	ZIP/Postal Code	Middle Name Middle Name	
GEBAUER Street Address 1 Yh on BACH STRESSE City NEUH & SSEN Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name MILLER	STEFFA 7/ I State/Province/Country GERMANY Ter Director Promoter	Street Address 2 ZIP/Postal Code 75242		
GEBAUER Street Address 1 Whon BACH STRESSE City NEUHASSEN Relationship(s): Executive Offic Clarification of Response (if Necessary) Last Name NILLER Street Address 1	STEFFA 7/ I State/Province/Country GERMANY Let Director Promoter First Name RICHAR	ZIP/Postal Code		
GEBAUER Street Address 1 Whon BACH STRASSE City NEUHASSEN Relationship(s): Executive Offic Clarification of Response (if Necessary) Last Name	STEFFA 7/ I State/Province/Country GERMANY Let Director Promoter First Name RICHAR	Street Address 2 ZIP/Postal Code 75242		
GEBAUER Street Address 1 MONGACH STRASSE City NEUHASSEN Relationship(s): Executive Office Clarification of Response (if Necessary) Last Name MILLER STRADLDING	STEFFA 7/1 State/ProvInce/Country GERMANY Ler Director Promoter First Name RICHAR G-RD	ZIP/Postal Code 75242 Street Address 2 ZIP/Postal Code		
GEBAUER Street Address 1 Whon BACH STRESSE City NEUHASSEN Relationship(s): Executive Offic Clarification of Response (if Necessary) Last Name MILLER Street Address 1 L3 SPADLDING	STEFF 7/ I State/ProvInce/Country GERMANY Ter Director Promoter First Name RICHAR State/Province/Country MA	Street Address 2 ZIP/Postal Code 75242		

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Item 3 Continuation Page

Item 3. Related Persons (Continued) Last Name First Name Middle Name HEMINGWAY PETER Street Address 1 Street Address 2 41 FLAGG State/Province/Country ZIP/Postal Code WESTFORD mA 01886 Executive Officer Director Promoter Relationship(s): 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) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary) Last Name First Name Middle Name Street Address 1 Street Address 2 City State/Province/Country ZIP/Postal Code Executive Officer Director Promoter Relationship(s): Clarification of Response (if Necessary)

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