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SEC 1972 (6/99) Potential persons who are to 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.



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 state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

Table with OMB APPROVAL, OMB Number: 3235-0076, Expires: May 31, 2002, Estimated average burden hours per response... 1

U.S. POST OFFICE DELAYED

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

Table with SEC USE ONLY, Prefix, Serial, DATE RECEIVED

21-39409 PROCESSED

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

The Landings at Rickenbacker, LLC

FEB 21 2002

THOMSON FINANCIAL

Filing Under (Check box(es) that apply): [ ] Rule 504 [ ] Rule 505 [X] Rule 506 [ ] Section 4(6) [ ] ULOE

Type of Filing: [X] New Filing [ ] Amendment

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer

Name of Issuer (check if this is an amendment and name has changed, and indicate change.)

The Landings at Rickenbacker, LLC

Address of Executive Offices (Including Area Code) (Number and Street, City, State, Zip Code) Telephone Number 1202 Conant Street Maumee, Ohio 43537 (419) 893-4415

Address of Principal Business Operations (Including Area Code) (if different from Executive Offices) (Number and Street, City, State, Zip Code) Telephone Number 5600 Airbase Rd., Groveport, Ohio 43125 (614) 491-5000



- 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  Promoter  Beneficial  Executive  Director  General  
 Box(es) Owner Officer and/or  
 that Apply: Managing  
 Partner

Full Name (Last name first, if individual)

Thees, William E.

Business or Residence Address (Number and Street, City, State, Zip Code)

4668 Glendale Ave. Toledo, OH 43614

Check  Promoter  Beneficial  Executive  Director  General  
 Box(es) Owner Officer and/or  
 that Apply: Managing  
 Partner

Full Name (Last name first, if individual)

DiSalle, Daniel J.

Business or Residence Address (Number and Street, City, State, Zip Code)

2552 Riverview Dr., Maumee, OH 43537

Check  Promoter  Beneficial  Executive  Director  General  
 Box(es) Owner Officer and/or  
 that Apply: Managing  
 Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check  Promoter  Beneficial  Executive  Director  General  
 Box(es) Owner Officer and/or  
 that Apply: Managing  
 Partner

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

Check  Promoter  Beneficial  Executive  Director  General  
 Box(es) Owner Officer and/or  
 that Apply: Managing  
 Partner

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
(Check "All States" or check individual States) ..... [ ] All States

[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID]  
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO]  
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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

DiSalle, Daniel J.

Business or Residence Address (Number and Street, City, State, Zip Code)

1202 Conant St. Maumee, OH 43537

Name of Associated Broker or Dealer

DiSalle Securities & Mortgage Co.

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
(Check "All States" or check individual States) ..... [ ] All States

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[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

Best, James D.

Business or Residence Address (Number and Street, City, State, Zip Code)

1202 Conant St. Maumee, OH 43537

Name of Associated Broker or Dealer

DiSalle Securities & Mortgage Co.

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(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.

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Full Name (Last name first, if individual)

Koch, William

Business or Residence Address (Number and Street, City, State, Zip Code)

1202 Conant St. Maumee, OH 43537

Name of Associated Broker or Dealer

DiSalle Securities & Mortgage Co.

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
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Full Name (Last name first, if individual)

Skillman, Dean S.

Business or Residence Address (Number and Street, City, State, Zip Code)

1202 Conant Street Maumee, OH 43537

Name of Associated Broker or Dealer

DiSalle Securities & Mortgage Co.

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
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- [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

DiSalle, Christopher

Business or Residence Address (Number and Street, City, State, Zip Code)

1202 Conant St. Maumee, OH 43537

Name of Associated Broker or Dealer

DiSalle Securities & Mortgage Co.

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
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Full Name (Last name first, if individual)

Potratz, Dean W.

Business or Residence Address (Number and Street, City, State, Zip Code)

1202 Conant St. Maumee, OH 43537

Name of Associated Broker or Dealer

DiSalle Securities & Mortgage Co.

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers  
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**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	\$ -0-	\$ -0-
Equity	\$ -0-	\$ -0-
[ ] Common [ ] Preferred Convertible Securities (including warrants)	\$ -0-	\$ -0-
Partnership Interests	\$ -0-	\$ -0-
Other limited liability company (Specify membership interests _____).	\$ 1,050,000	\$ -0-
Total	\$ 1,050,000	\$ -0-

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	-0-	\$ -0-
Non-accredited Investors	-0-	\$ -0-
Total (for filings under Rule 504 only)	n/a	\$ n/a

Answer also in Appendix, Column 4, if filing under ULOE.

3. 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, 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	Type 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	<input type="checkbox"/> \$ _____
.....	
Printing and Engraving Costs	<input checked="" type="checkbox"/> \$ 3,500
.....	
Legal Fees	<input checked="" type="checkbox"/> \$ 20,000
.....	
Accounting Fees	<input checked="" type="checkbox"/> \$ 3,500
.....	
Engineering Fees	<input type="checkbox"/> \$ _____
.....	
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/> \$ 105,000
.....	
Other Expenses (identify)	<input type="checkbox"/> \$ _____
.....	
<b>Total</b>	<input checked="" type="checkbox"/> \$ 132,000

b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... \$ 918,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
.....		
Purchase of real estate	<input type="checkbox"/> \$ 750,000	<input type="checkbox"/> \$ _____
.....		
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
.....		
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
.....		
Repayment of indebtedness	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
.....		
Working capital	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ 165,000
.....		
Other (specify): <u>Loan Fees</u>	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ 3,000

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Name of Signer (Print or Type)	Title (Print or Type)	

*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.

**APPENDIX**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-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)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL	xx		LLC Membership 1,050,000	0	0	0	0		x
GA									
HI									
ID									
IL									
IN									
IA									
KS									

KY								
LA								
ME								
MD								
MA								
MI	XX	LLC Membership 1,050,000	0	0	0	0		X
MN								
MS								
MO								
MT								
NE								
NV								
NH								
NJ								
NM								
NY								
NC								
ND								
OH	XX	LLC Membership 1,050,000	0	0	0	0		X
OK								
OR								
PA								
RI								
SC								
SD								
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TX								
UT								
VT								
VA								
WA								
WV								
WI								
WY								
PR								

<http://www.sec.gov/divisions/corpfin/forms/d.htm>  
 Last update: 08/27/1999