

A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

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

Full Name (Last name first, if individual)

NYLIM-GCR Fund I, LLC

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

400 Park Avenue, New York, NY 10022

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

Full Name (Last name first, if individual)

Global Capital Resources LLC ("GlobeCAP")

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

400 Park Avenue, 14th Floor, New York, NY 10022

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

Full Name (Last name first, if individual)

New York Life Investment Management LLC ("NYLIM")

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

51 Madison Avenue, Room 906, New York, NY 10010

Check Box(es) that Apply: Promoter Beneficial Owner Managing Member of GlobeCAP Director General and/or Managing Partner

Full Name (Last name first, if individual)

Santoro, Nicholas J.

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

Global Capital Resources LLC
400 Park Avenue, Room 906, New York, NY 10022

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

Full Name (Last name first, if individual)

Walsh, Richard

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

New York Life Investment Management LLC
51 Madison Avenue, Room 906, New York, NY 10010

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

Full Name (Last name first, if individual)

New York Life Insurance Company

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

51 Madison Avenue, New York, NY 10010

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

A. BASIC IDENTIFICATION DATA

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

Full Name (Last name first, if individual)

Hartford Life Insurance Company

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

c/o Hartford Investment Services, Inc.
55 Farmington Avenue, Hartford, Connecticut 06105

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

Full Name (Last name first, if individual)

GC-GCR LLC

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

c/o Century 21
22 Cortlandt Street, New York, NY 10017

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

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

Full Name (Last name first, if individual)

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

B. INFORMATION ABOUT OFFERING

- | | | |
|---|-------------------------------------|-------------------------------------|
| | Yes | No |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Answer also in Appendix, Column 2, if filing under ULOE. | | |
| 2. What is the minimum investment that will be accepted from any individual?..... See Schedule B-2..... | \$ | 1,000,000 |
| | Yes | No |
| 3. Does the offering permit joint ownership of a single unit?..... | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only. | | |

Full Name (Last name first, if individual)

N/A

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

Name of Associated Broker or Dealer

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]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

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

Name of Associated Broker or Dealer

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]
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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
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Full Name (Last name first, if individual)

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

Name of Associated Broker or Dealer

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(Check "All States" or check individual States)..... All States

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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

SCHEDULE B-2

The minimum capital commitment of \$1,000,000 may be increased or decreased, at any time, in the sole discretion of the General Partner.

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.....	\$ _____	\$ _____
Equity.....	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interests..... See Schedule C-1	\$150,000,000	\$53,000,000
Other (Specify _____)	\$ _____	\$ _____
Total	\$150,000,000	\$53,000,000

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 Purchase
Accredited Investors	6	\$53,000,000
Non-accredited Investors	_____	\$ _____
Total (for filings under Rule 504 only)	_____	\$ _____

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, in 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.....	_____	\$ _____
Regulation A.....	_____	\$ _____
Rule 504.....	_____	\$ _____
Total	_____	\$ _____

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"/>	\$0
Printing and Engraving Costs.....	<input checked="" type="checkbox"/>	\$ 10,000
Legal Fees	<input checked="" type="checkbox"/>	\$700,000
Accounting Fees.....	<input checked="" type="checkbox"/>	\$ 5,600
Engineering Fees.....	<input type="checkbox"/>	\$0
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/>	\$0
Other Expenses (identify) <u>telephone, travel expenses, courier fees</u>	<input checked="" type="checkbox"/>	\$115,000
Total	<input checked="" type="checkbox"/>	\$830,600

SCHEDULE C-1

At the present time, the Partnership estimates that the aggregate amount of Capital Commitments will be approximately \$150,000,000. Partnership Interests may be offered until the earlier of (i) the date on which the total Capital Commitments to the Partnership equal \$150,000,000 and (ii) the date occurring eight (8) months from the date on which the Partnership makes its first Investment.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

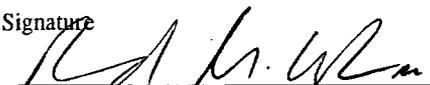
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$149,169,400

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 * See Schedule C-5	<input checked="" type="checkbox"/> \$2,250,000	<input type="checkbox"/> \$
Purchase of real estate	<input type="checkbox"/> \$	<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 checked="" type="checkbox"/> \$50,000,000
Working capital	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Other (specify): <u>investments</u>	<input type="checkbox"/> \$	<input checked="" type="checkbox"/> \$96,919,400
.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
.....	<input type="checkbox"/> \$	<input type="checkbox"/> \$
Column Totals	<input checked="" type="checkbox"/> \$2,250,000	<input checked="" type="checkbox"/> \$146,919,400
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/> \$	<u>149,169,400</u>

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type) NYLIM-GCR Fund I-2002, L.P.	Signature 	Date 12-24-02
Name of Signer (Print or Type) Richard Walsh	Title of Signer (Print or Type) - Director of New York Life Investment Management LLC, a member of NYLIM-GCR Fund I, LLC, the general partner of the Issuer	

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

SCHEDULE C-5

The Partnership will pay to the General Partner an annual management fee and investment servicing fee. The management fee will be approximately equal to one percent (1.00%) of the sum of the aggregate Capital Commitments of the Limited Partners in the Partnership plus the amount drawn under a credit line, calculated on the basis of the average daily balance of each. The investment servicing fee will be equal to one percent (1.00%) of the aggregate principal amount of the Partnership's investments up to and including fifty million dollars (\$50,000,000) and one quarter of one percent (0.25%) of the aggregate principal amount of the Partnership's investments in excess of fifty million dollars (\$50,000,000).