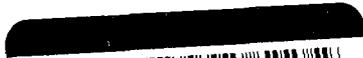


1022708

FORM D



03017830

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

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

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per form.....16.00

Table with SEC USE ONLY, Prefix, Serial, and DATE RECEIVED fields.

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

JMG Capital Partners, L.P.

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE NSMIA Type of Filing 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.)

JMG Capital Partners, L.P.

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

1999 Avenue of the Stars, Suite 2530, Los Angeles, California 90067 (310) 201-2619

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)

(if different from Executive Offices) Same

Brief Description of Business

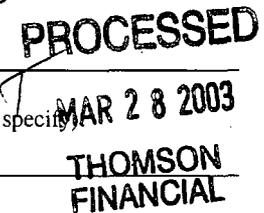
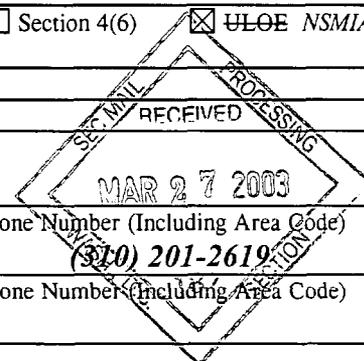
Trading in equity securities

Type of Business Organization

corporation limited partnership, already formed LLC, already formed other (please specify) business trust limited partnership, to be formed LLC, to be formed

Actual or Estimated Date of Incorporation or Organization: Month Year Actual Estimated 3/17/92

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CA)



THOMSON FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it was received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

CRGA

**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 Partner

Full Name (Last name first, if individual)

**JMG Capital Management, LLC (a Delaware LLC)**

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

**1999 Avenue of the Stars, Suite 2530, Los Angeles, California 90067**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing Member of JMGCMLL, LLC

Full Name (Last name first, if individual)

**JMG Capital Management, Inc. (a California corporation)**

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

**1999 Avenue of the Stars, Suite 2530, Los Angeles, California 90067**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Managing Member of JMGCML, LLC

Full Name (Last name first, if individual)

**Asset Alliance Management Corp (a Delaware corporation)**

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

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Member of JMGCML, LLC of AAMC 100%

Full Name (Last name first, if individual)

**Asset Alliance Holding Corp.**

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

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General Partner of AAHC 100%

Full Name (Last name first, if individual)

**Asset Alliance Corporation**

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

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  General Partner of JMGCML, Inc.

Full Name (Last name first, if individual)

**The Jonathan & Nancy Glaser Family Trust (Jonathan M. Glaser & Nancy E. Glaser, Trustees)**

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

**1999 Avenue of the Stars, Suite 2530, Los Angeles, California 90067**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Member Manager of J&NGFT of JMGCML, Inc. of JMGCML, Inc. of JMGCML, LLC

Full Name (Last name first, if individual)

**Glaser, Jonathan M. (Indirect beneficial owner of JMGCMLL and JMGCML, Inc., through J&NGFT)**

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

**1999 Avenue of the Stars, Suite 2530, Los Angeles, California 90067**

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

**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 of AAC  Executive Officer of AAMC  Director of AAMC  General Partner

Full Name (Last name first, if individual)

**Lipnick, Bruce H.**

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

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply:  Promoter  Beneficial Owner of AAC  Executive Officer of AAMC  Director of AAMC  General Partner

Full Name (Last name first, if individual)

**Mintz, Arnold L.**

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

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer of AAMC  Director  General Partner

Full Name (Last name first, if individual)

**Bondi, Stephen G.**

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

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer of AAMC  Director  Managing Member

Full Name (Last name first, if individual)

**Jing, Xiao-Hong (General Counsel)**

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

**800 Third Avenue, 22<sup>nd</sup> Floor, New York, New York 10022**

Check Box(es) that Apply:  Promoter  Beneficial Owner of AAC  Executive Officer  Director  Managing Member

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 of AAC  Executive Officer  Director  Managing Member

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 of AAC  Executive Officer  Director  Managing Member

Full Name (Last name first, if individual)

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

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

**B. INFORMATION ABOUT OFFERING**

- |   |  |   |
|---|--|---|
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  | Yes<br><input type="checkbox"/>            | No<br><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?  | \$ <u>1,000,000</u>                        |   |
| 3. Does the offering permit joint ownership of a single unit?   | Yes<br><input checked="" type="checkbox"/> | No<br><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. <b>None</b> |  |   |

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

- |                             |                             |                             |                             |  |                             |  |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--|-----------------------------|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA            | <input type="checkbox"/> CO | <input checked="" type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY            | <input type="checkbox"/> LA | <input type="checkbox"/> ME            | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input checked="" type="checkbox"/> NJ | <input type="checkbox"/> NM | <input checked="" type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX            | <input type="checkbox"/> UT | <input type="checkbox"/> VT            | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> 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

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> 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

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
| <input type="checkbox"/> IL | <input type="checkbox"/> IN | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> KY | <input type="checkbox"/> LA | <input type="checkbox"/> ME | <input type="checkbox"/> MD | <input type="checkbox"/> MA | <input type="checkbox"/> MI | <input type="checkbox"/> MN | <input type="checkbox"/> MS | <input type="checkbox"/> MO |
| <input type="checkbox"/> MT | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> NH | <input type="checkbox"/> NJ | <input type="checkbox"/> NM | <input type="checkbox"/> NY | <input type="checkbox"/> NC | <input type="checkbox"/> ND | <input type="checkbox"/> OH | <input type="checkbox"/> OK | <input type="checkbox"/> OR | <input type="checkbox"/> PA |
| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

(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

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ <u>0</u>	\$ <u>0</u>
Equity.....	\$ <u>0</u>	\$ <u>0</u>
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ <u>0</u>	\$ <u>0</u>
Partnership Interests.....	\$ <u>999,000,000</u>	\$ <u>396,625,091</u>
Other (Specify _____).....	\$ <u>0</u>	\$ <u>0</u>
Total .....	\$ <u>999,000,000</u>	\$ <u>396,625,091</u>

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 .....	\$ <u>169</u>	\$ <u>396,625,091</u>
Non-accredited Investors .....	\$ <u>0</u>	\$ <u>0</u>
Total (for filings under Rule 504 only).....	\$ <u>169</u>	\$ <u>396,625,091</u>

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.....	<u>0</u>	\$ <u>0</u>
Regulation A .....	<u>0</u>	\$ <u>0</u>
Rule 504.....	<u>0</u>	\$ <u>0</u>
Total.....	<u>0</u>	\$ <u>0</u>

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 checked="" type="checkbox"/>	\$ <u>0</u>
Printing and Engraving Costs <i>(Since 1992 Inception)</i> .....	<input checked="" type="checkbox"/>	\$ <u>15,000</u>
Legal Fees <i>(Since 1992 Inception - Offering-related Expenses)</i> .....	<input checked="" type="checkbox"/>	\$ <u>250,000</u>
Accounting Fees <i>(Since 1992 Inception - Offering-related Expenses)</i> .....	<input checked="" type="checkbox"/>	\$ <u>175,000</u>
Engineering Fees .....	<input checked="" type="checkbox"/>	\$ <u>0</u>
Sales Commissions (specify finders' fees separately).....	<input checked="" type="checkbox"/>	\$ <u>0</u>
Other Expenses (identify) <i>Blue Skv Filing Fees (Since 1992 Inception)</i> .....	<input checked="" type="checkbox"/>	\$ <u>10,000</u>
Total.....	<input checked="" type="checkbox"/>	\$ <u>450,000</u>

**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."

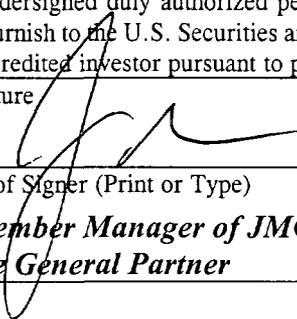
\$ 998,550,000

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 checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
Purchase of real estate.....	<input checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
Purchase, rental or leasing and installation of machinery and equipment.....	<input checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
Construction or leasing of plant buildings and facilities .....	<input checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
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 checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
Repayment of indebtedness.....	<input checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
Working Capital .....	<input checked="" type="checkbox"/> \$ <u>998,550,000</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
Other (specify) _____	<input checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
_____	<input checked="" type="checkbox"/> \$ <u>0</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
Column Totals .....	<input checked="" type="checkbox"/> \$ <u>998,550,000</u>	<input checked="" type="checkbox"/> \$ <u>0</u>
Total Payments Listed (column totals added) .....	<input checked="" type="checkbox"/> \$ <u>998,550,000</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) <b>JMG Capital Partners, L.P.</b>	Signature 	Date <b>March 25, 2003</b>
Name of Signer (Print or Type) <b>Jonathan M. Glaser</b>	Title of Signer (Print or Type) <b>Member Manager of JMG Capital Management, LLC, the General Partner</b>	

**ATTENTION**

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

**APPENDIX**

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 <u><b>JMG Capital Partners, L.P.</b></u> Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No	Limited Partnership Interests	Number of Accredited Investors	\$ Amount	Number of Non-Accredited Investors	\$ Amount	N/A Pursuant to NSMIA	
								Yes	No
AL		X	\$						
AK		X	\$						
AZ		X	\$ 999,000,000	2	2,147,960				
AR		X	\$						
CA		X	\$ 999,000,000	87	209,898,105				
CO		X	\$ 999,000,000	2	23,743,192				
CT		X	\$ 999,000,000	1	8,835,675				
DE		X	\$ 999,000,000	3	9,317,283				
DC		X	\$						
FL		X	\$ 999,000,000	6	21,135,528				
GA		X	\$ 999,000,000	5	6,728,576				
HI		X	\$						
ID		X	\$						
IL		X	\$ 999,000,000	4	31,711,295				
IN		X	\$						
IA		X	\$						
KS		X	\$						
KY		X	\$						
LA		X	\$ 999,000,000	3	18,140,892				
ME		X	\$						
MD		X	\$						
MA		X	\$ 999,000,000	2	2,331,166				
MI		X	\$						
MN		X	\$						
MS		X	\$						
MO		X	\$						
MT		X	\$						

**APPENDIX**

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	4 <u><b>JMG Capital Partners, L.P.</b></u> Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
	Yes	No	Limited Partnership Interests	Number of Accredited Investors	\$ Amount	Number of Non-Accredited Investors	\$ Amount	N/A Pursuant to NSMIA Yes No	
NE		X	\$						
NV		X	\$						
NH		X	\$						
NJ		X	\$ 999,000,000	9	33,896,341				
NM		X	\$						
NY		X	\$ 999,000,000	34	139,201,039				
NC		X	\$ 999,000,000	3	25,340,898				
ND		X	\$						
OH		X	\$						
OK		X	\$						
OR		X	\$						
PA		X	\$ 999,000,000	5	16,463,116				
RI		X	\$						
SC		X	\$						
SD		X	\$						
TN		X	\$ 999,000,000	1	2,863,751				
TX		X	\$						
UT		X	\$						
VT		X	\$						
VA		X	\$						
WA		X	\$ 999,000,000	2	12,777,363				
WV		X	\$						
WI		X	\$						
WY		X	\$						
PR		X	\$						
FOR		X	\$ 999,000,000	1	5,652,040				
Totals				172	575,195,604				