

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 response 16.00									
SEC USE ONLY									
Prefix Serial									

DATE RECEIVED

Name of Offering (☐ check if this is an Sale by One North Federal, Ltd. of up to S Filing Under (Check box(es) that apply): Type of Filing: ☒ New Filing ☐ Amendm	☐ Rule 504 ☐ Rule 505 ☐	rests.	ion 4(6) ULOE	PEOSIUCON.	_
	A. BASIC IDENTIFICA	TION DATA		Acc.	
1. Enter the information requested about the	issuer		<u> </u>	WAY 2 1 2003	
Name of Issuer (check if this is an amend	lment and name has changed, and indica	ate change.) One North	Federal, Ltd.		
Address of Executive Offices	(Number and Street, City, S	tate, Zip Code)	Telephone Number (Including Area Code))Y
1515 North Federal Highway, Suite 306, B	oca Raton, FL 33432		(561) 750-1030		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Co	ode)	Telephone Number (Including Area Code)	
•	Federal, Ltd. is attempting to acquir to improve and lease such property.	re certain real property	located in Boca Raton,	Florida, and PRO	CESSE [222003
Type of Business Organization corporation business trust	☑ limited partnership, already formed ☐ limited partnership, to be formed	☐ oth	er (please specify):	YAM	222003 HOMSON
Actual or Estimated Date of Incorporation or Jurisdiction of Incorporation or Organization	· ·		⊠ Actual □ Est	timated	91 Q M 1 Q D
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 is 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 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 in 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 the 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 predictated on the filing of a federal notice.

SEC 1972 (6-02)

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 control number.

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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. ⊠ Beneficial Owner ☐ Executive Officer ☐ Director Check Box(es) that Apply: ☐ Promoter General and/or Managing Partner Full Name (Last name first, if individual) One North Federal, LLC Business or Residence Address (Number and Street, City, State, Zip Code) 1515 North Federal Highway, Suite 306, Boca Raton, FL 33432 ☐ Promoter ⊠ Beneficial Owner Executive Officer \boxtimes Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Mark A. Gensheimer² Business or Residence Address (Number and Street, City, State, Zip Code) 1515 North Federal Highway, Suite 306, Boca Raton, FL 33432 Check Box(es) that Apply: Promoter 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) Check Box(es) that Apply: Promoter General and/or Managing Partner Full Name (Last name first, if individual)

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

Beneficial Owner

☐ Executive Officer ☐

Director

General and/or Managing Partner

2. Information given is for Genmark Properties, Inc., as Manager of One North Federal, LLC.

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

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

☐ Promoter ☐

{MI928359;1}

Check Box(es) that Apply:

Full Name (Last name first, if individual)

^{1.} Information given is for One North Federal, LLC, as General Partner of One North Federal, Ltd.

A Se	11.	144			B. INFO	MATION	ABOUT O	TERUNG:	331	ger video T		
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											Yes No	
Answer also in Appendix, Column 2, if filing under ULOE.												
2. What is the minimum investment that will be accepted from any individual?										\$_	50,000	
3. Does the offering permit joint ownership of a single unit?											Yes No ⊠ □	
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 Nan	ne (Last nar	ne first, if i	ndividual)						***			
Business	or Residen	ce Address	(Number a	nd Street, C	ity, State, Z	ip Code)						
Name of	Associated	Broker or	Dealer									
States in	Which Per	son Listed 1	Has Solicite	d or Intend	to Solicit I	urchasers						
(Check "	All States"	or check in	dividual Sta	ites)			*****************			••••		☐ All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Business	or Residen	ce Address	(Number a	nd Street, C	ity, State, Z	ip Code)						
Name of	Associated	Broker or	Dealer									
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									••••••		*************	☐ All States
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Full Nar	ne (Last nai	ne first, if i	ndividual)	<u> </u>	<u></u>				<u>.</u>	<u>,</u>		
Business	or Resider	ice Address	(Number a	nd Street, C	City, State, Z	ip Code)					·····	
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Name of	Associated	Broker or	Dealer							· · · · · · · · · · · · · · · · · · ·		
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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.)

G OFFE ONE PRICE NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

 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 Pri		Amo	ount Already Sold
Debt	\$	0	\$	0
Equity	\$	0		0
☐ Common ☐ Preferred		_		
Convertible Securities (including warrants)	\$	0	\$	0
Partnership Interests	\$2,750,0	00	\$	2,750,000
Other (Specify)	\$			0
Total	\$ 2,750,0			2,750,000
Answer also in Appendix, Column 3, if filing under ULOE.	<u> </u>	<u> </u>		211201000
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		Dol	aggregate Iar Amount Purchases
Accredited Investors	0		\$	0
Non-accredited Investors	0		\$	0
Total (for filings under Rule 504 only)	0		\$	0
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.	es			
Type of offering	Type of		Dol	llar Amount
Rule 505	Security			Sold
Regulation A				<u> </u>
Rule 504		_		0
		_	\$	0
Total	0	_	\$	0
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 insurer. 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			\$_	
Printing and Engraving Costs		\boxtimes	\$_	1,000
Legal Fees		×	\$_	5,000
Accounting Fees			\$_	
Engineering Fees				
Sales Commissions (specify finders' fees separately)			\$	
Other Expenses (identify)	***************************************		\$_	(
Total		\boxtimes	\$_	6,00

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1.		62 presently subject to any of the disqualification	Yes	No ⊠
		See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertal 239.500) at such times as required by s	kes to furnish to any state administrator of any state in which this notice is filed, a notice of tate law.	ı Form D	(17 CFR
3.	The undersigned issuer hereby undertain	kes to furnish to the state administrators, upon written request, information furnished by th	e issuer t	o offerees
4.		the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform the this notice is filed and understands that the issuer claiming the availability of this exemp we been satisfied.		
	ssuer has read this notification and knows rized person.	the contents to be true and has duly caused this notice to be signed on its behalf by the und	ersigned	duly
Issuer	(Print or Type)	Signature Bate		
One	North Federal, Ltd.	May 13, 2003		
Name	(Print or Type)	Title (Print or Type)		
	North Federal, LLC, as General Partner e North Federal, Ltd.	·		
	Genmark Properties, Inc., as Manager of One North Federal, LLC			

President

${\it Instruction:}$

By: Mark A. Gensheimer

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 behotocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX TO THE PROPERTY OF TH

1	2		3		4				5	
	Intend to non-accinvestors (Part B-I	redited in State	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	Accredited Non-Accredited		Yes	No		
AL										
AK										
AZ										
AR										
CA										
со										
СТ										
DE										
DC										
FL		х	units of limited partnership interests \$2,000,000	10	\$2,000,000	0	\$0		х	
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KY										
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APPENDEC.

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	Type of security				under State ULOE				
	Intend to sell and aggregate to non-accredited offering price			-	Type of in	vestor and		(if yes, attach explanation of	
	to non-accredited offering price Type of investor and investors in State offered in state amount purchased in State					waiver granted)			
	(Part B-Ite	m 1)	(Part C-Item 1)		(Part C-Item 2)			(Part E-Item 1)	
wv		-							
WI									
WY									
PR									