

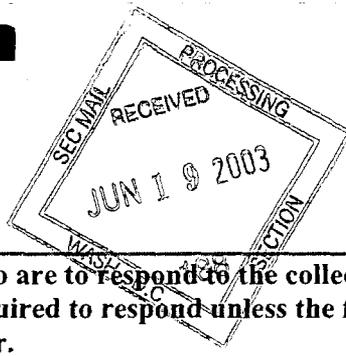


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Form D

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SEC 1972 (6/02)

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

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

Table with OMB APPROVAL, OMB Number: 3235-0076, Expires: May 31, 2005, Estimated average burden hours per response . . .1

PROCESSED JUN 20 2003 THOMSON FINANCIAL

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

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offering of limited partnership interests in Traxis Fund Offshore LP

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

CRGH



**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 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

Morgan Stanley Hedge Fund Partners Caymans Ltd.

Full Name (Last name first, if individual)

c/o M&C Corporate Services Limited, P.O. Box 309GT, Ugland House, South Church Street, Georgetown, Grand Cayman, Cayman Islands

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

Morgan Stanley Hedge Fund Partners LP

Full Name (Last name first, if individual)

1221 Avenue of the Americas, 33<sup>rd</sup> Floor, New York, NY 10020

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

Al Shams Holdings Limited

Full Name (Last name first, if individual)

c/o Safinvest S.A., 14 Rue Du Rhone, CH-1204, Geneva, Switzerland

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

Citco Global Custody (NA) N.V.

Full Name (Last name first, if individual)

Kaya Flamboyan 9, P.O. Box 707, Curacao, Netherlands Antilles

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

Orbita Global Opportunities Strategy Limited

Full Name (Last name first, if individual)

P.O. Box 2003 GT, Grand Cayman B.W. I

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

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director<sup>1</sup>     General and/or Managing Partner

R. Putnam Coes III

Full Name (Last name first, if individual)

1221 Avenue of the Americas, 33<sup>rd</sup> Floor, New York, NY 10020

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.)**

<sup>1</sup> Director of Morgan Stanley Hedge Fund Partners Cayman Ltd., the General Partner of Traxis Fund Offshore LP.

<sup>2</sup> Executive Officer of Morgan Stanley Hedge Fund Partner Cayman Ltd., the General Partner of Traxis Fund Offshore LP.

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer     Director<sup>1</sup>     General and/or  
 Managing Partner

Timothy B. Shannon

Full Name (Last name first, if individual)

1221 Avenue of the Americas, 33<sup>rd</sup> Floor, New York, NY 10020

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

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer<sup>2</sup>     Director     General and/or  
 Managing Partner

Robert Meyer

Full Name (Last name first, if individual)

1221 Avenue of the Americas, 33<sup>rd</sup> Floor, New York, NY 10020

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

Check Box(es) that Apply:     Promoter     Beneficial Owner     Executive Officer<sup>2</sup>     Director     General and/or  
 Managing Partner

Paul Martin

Full Name (Last name first, if individual)

1221 Avenue of the Americas, 33<sup>rd</sup> Floor, New York, NY 10020

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

<sup>1</sup> Director of Morgan Stanley Hedge Fund Partners Cayman Ltd., the General Partner of Traxis Fund Offshore LP.

<sup>2</sup> Executive Officer of Morgan Stanley Hedge Fund Partner Cayman Ltd., the General Partner of Traxis Fund Offshore LP.

**B. INFORMATION ABOUT OFFERING**

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. [ ] [X]

2. What is the minimum investment that will be accepted from any individual?..... \$ 500,000\*  
 \*(The minimum initial investment is \$500,000, except that the General Partner may waive this minimum initial investment amount from time to time in its discretion.)

3. Does the offering permit joint ownership of a single unit? .....

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.

Morgan Stanley DW Inc.

Full Name (Last name first, if individual)

1585 Broadway, 11<sup>th</sup> Floor, New York, NY 10036

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) ..... [ X ] 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] |

Morgan Stanley Incorporated

Full Name (Last name first, if individual)

1221 Avenue of the Americas, 4<sup>th</sup> Floor, New York, NY 10020

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

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

**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
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$ *	\$ 168,900,000
Other (Specify _____).	\$ 0	\$ 0
Total .....	\$ *	\$ 168,900,000

Answer also in Appendix, Column 3, if filing under ULOE.

\* Ongoing - no maximum

2. Enter the number of accredited and non-accredited investors who 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.....	49	\$ 168,900,000
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	\$ 0
<u>Regulation A</u> .....	N/A	\$ 0
Rule 504.....	N/A	\$ 0
Total.....	N/A	\$ 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 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"/>	\$ 15,000
Legal Fees .....	<input checked="" type="checkbox"/>	\$100,000
Accounting Fees.....	<input checked="" type="checkbox"/>	\$ 3,000
Engineering Fees.....	<input type="checkbox"/>	\$ 0
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/>	\$ 0*
Other Expenses (identify) <u>Miscellaneous offering costs</u> .....	<input checked="" type="checkbox"/>	\$ 35,000
Total .....	<input checked="" type="checkbox"/>	\$153,000

\* ongoing sales

**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-Questions 4.a. This difference is the "adjusted gross proceeds to the issuer." .....

\$ \_\_\_\_\_ \*  
\* Ongoing – no maximum

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"/> \$ _____ *	<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 type="checkbox"/> \$ _____
Working capital .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Other (specify): <u>investment in securities</u> .....	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$ _____ *
Column Totals .....	<input checked="" type="checkbox"/> \$ _____ *	<input checked="" type="checkbox"/> \$ _____ *

Total Payments Listed (column totals added) ..... [✓] \$ \_\_\_\_\_ \*  
\* Ongoing – no maximum

**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) Traxis Fund Offshore LP	Signature 	Date 6-16, 2003
Name of Signer (Print or Type) Morgan Stanley Hedge Fund Partners Cayman Ltd., General Partner of the Issuer	Title (Print or Type) R. Putnam Coes III, Director	

**ATTENTION**

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