MANUALLY SIGNED

SEC 1972 Potential persons who are to respond to the collection of information contained in this (6-02) 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

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... 1

SEC USE ONLY		
Prefix		Serial
DAT	E RECEIV	'ED

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that [] Rule 504 [X] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE apply): Type of Filing: [x] New Filing [] Amendment A. BASIC IDENTIFICATION DATA 03030082 1. Enter the information requested about the issuer Name of Issuer ([] check if this is an amendment and name has changed, and indiciate change.) Yosemite Terrace Apartment Investors L.P. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 530-872-1810 Paradise, CA 95969 7052 Skyway Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

Apartment Ownership

Brief Description of Business



Type of Business Organiz	ation
[] corporation	[X] limited partnership, already formed [1] other (please specify):
[] business trust	[] limited partnership, to be formed
	Month Year
	of Incorporation or Organization: $[\ 0]\ d$ $[\ 0]\ 3$] $[\ X]$ Actual $[\]$ Estimated on or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) $[\ C]\ [\ A]$

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.

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		eneral and/or anaging rtner
Full Name (Last name	e first, if individual)			
Ferguson & Bre	ewer Investment Company			
Business or Residence	e Address (Number and Street, Paradise, CA 95969	City, State, Zip Cod	e)	
Check Box(es) that Apply:	k] Promoter [] Beneficial Owner	[X] Executive Officer		eneral and/or anaging rtner
Full Name (Last name	first, if individual)			
Ferguson, Thom	nas A.			
	e Address (Number and Street,	City, State, Zip Cod	e)	
7052 Skyway	Paradise, CA 95969			
Check Box(es) that Apply:	K] Promoter [] Beneficial Owner	(X) Executive Officer		eneral and/or anaging rtner
Full Name (Last name	e first, if individual)			
Brewer, Robert	: н.			
Business or Residence	e Address (Number and Street,	City, State, Zip Cod	e)	/
7052 Skyway	Paradise, CA 95969			
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer		eneral and/or anaging rtner
Full Name (Last name	e first, if individual)			
Business or Residence	e Address (Number and Street,	City, State, Zip Cod	e)	
Check Box(es) that Apply:	[] Promoter [] Beneficial Owner	[] Executive Officer		eneral and/or anaging rtner
Fuil Name (Last name	e first, if individual)			
Business or Residence	e Address (Number and Street,	City, State, Zip Cod	e)	
Check Box(es) that	[] Promoter [] Beneficial	[] Executive	[] Director[] _{Ge}	eneral and/or

Apply	:				Owne	r	Off	cer			Manag Partne	
Full Na	ame (Las	t name	first, if i	ndividua	l)		<u> </u>					
Busine	ess or Re	esidence	e Addres	ss (Num	ber and	Street, C	ity, Stat	e, Zip Co	de)			
Check Apply	(Box(es)	that	[] Pro	moter [] Benefi Owner			ecutive cer	[][Director [] Genera Manag Partne	
Full Na	ame (Las	t name	first, if it	ndividua	l)							
Busine	ess or Re	sidence	e Addres	ss (Num	ber and	Street, C	ity, State	e, Zip Co	de)		······································	
	(1	Jse bla	nk shee	et, or co	py and	use add	itional c	opies of	this she	eet, as n	ecessar	y.)
				8	. INFOR	MATIO	N ABOU	T OFFE	RING			
	s the issu	ıer sold								ors in this	Ye [X	
2 Wh	at is the	minimu						-	der ULO	∟ .	s.	20,000
						•		•			Ye	s No
			•			•				or given,	[X] []
directl conne persor the na	y or indirection with n or agen nme of the	rectly, a h sales nt of a b e broke	ny comi of secui roker or r or deal	mission on the dealer of the dealer. If mo	or simila he offeri egistere ore than	r remune ng. If a p d with th five (5) p	eration for erson to e SEC a ersons t	r solicita be listed nd/or wit o be liste	tion of pu I is an as h a state ed are as	rchasers sociated or states	s in s, list	
Full Na	ame (Las	t name	first, if in	ndividua	!)							
Fer	rguson	& Bre	wer Se	curiti	es (NA	SD Brol	ker/Dea	aler)				
Busine	ss or Re	sidence	e Addres	ss (Numl	per and	Street, C	ity, State	e, Zip Co	de)			
705	52 Skyw	ay	Para	dise, (CA 95	969						
Name	of Assoc	iated B	roker or	Dealer								
States	in Which	Person	n I isted	Has Sol	icited or	Intende	to Solici	Purchas	ere		·····	
	ck "All									[] All S	tates
[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] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[MM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[WV]	[OK]	[OR] [WY]	[PA] [PR]

[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [W] [W] Full Name (Last name first, if individual)	[MS] [MC
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)	[HI] [ID] [MS] [MC [OR] [PA
(Check "All States" or check individual States) [[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [W] Full Name (Last name first, if individual)	[HI] [ID] [MS] [MC [OR] [PA
[IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MN] [MV] [NC] [ND] [OH] [OK] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WI] [WI] Full Name (Last name first, if individual) [ME] [MD] [MD] [MD] [MD] [MD] [MD] [MD] [MN] <	[MS] [MC [OR] [PA
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR] [PA
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [W] [W] Full Name (Last name first, if individual)	
Full Name (Last name first, if individual)	[WY] [PR
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]	/
[MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK]	[OR] [PA
[RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WI]	[WY] [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	F PROCEEDS
Enter the aggregate offering price of securities included in this offering	

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	\$
Equity	\$ 0	\$
[] Common [] Preferred		
Convertible Securities (including warrants)	\$ 0	\$ 0
Partnership Interests	\$ 3,300,000	\$
Other (Specify).	\$	\$0
Total	\$3,300,000	\$0

Aggregate

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	Dollar Amount of Purchases
Accredited Investors	0	\$ <u></u>
Non-accredited Investors	0	\$ 0
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 <u>Rule 504</u> or <u>505</u>, 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	LP Units	\$0-
Regulation A		\$
Rule 504		\$
Total		\$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	[]\$ Ö
Printing and Engraving Costs	[]\$ 0
Legal Fees	[]\$0
Accounting Fees	[]\$0
Engineering Fees	[]\$0
Sales Commissions (specify finders' fees separately)	[]\$0
Other Expenses (identify)	[]\$0
Total	[]\$0

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."

\$3,300,000

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	To Others
Salaries and fees	[] \$ 200,000	[] \$ <u> </u>
Purchase of real estate	[] \$0	[] \$ <u>2.920.00</u> 0
Purchase, rental or leasing and installation of machinery and equipment	[] \$ <u>0</u>	[] \$ <u> </u>
Construction or leasing of plant buildings and facilities	[] \$ 0	[] \$ 0
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)	[] \$ <u> </u>	[]
Repayment of indebtedness	[] 0	[] 0 \$
Working capital	[] \$	[] \$ <u>80,00</u> 0
Other (specify): Loan Fees & Costs (E)	[] \$	\$ 100,000
	[] \$	[] \$
Column Totals	\$ 200,000	\$3,100,000
Total Payments Listed (column totals added)	[]\$3,	300,000

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)	Signature /	Date
Yosemite Terrace Apartment Investors L	· low on	8/27/03
Name of Signer (Print or Type)	Title of Signer (Print or Type) Chairman of the Board of	- C +1-
Robert H. Brewer	General Partner	or the

ATTENTION

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

•	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No
See Appendix, Column 5, for state response.	

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

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			
Yosemite Terrace Apartment Investors L.P.	Volumber 8/27/63	?		
Name of Signer (Print or Type)	Title (Print or Type)			
Robert H. Brewer	Chairman of the Board of the General Partner			

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 Disqualification		
	Intend to sell to non-accredited Type of security and aggregate offering price							Disqualification under State ULOE (if yes, attach	
	investors (Part B-I	in State	. .	Type of investor and amount purchased in State (Part C-Item 2)			explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors		Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									

Form	D
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WY	<u> </u>				
PR					

http://www.sec.gov/divisions/corpfin/forms/formd.htm Last update: 06/06/2002