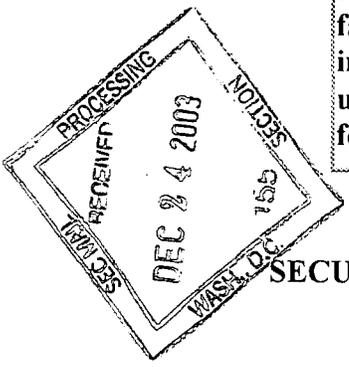


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SEC 1972 Potential persons who are to respond to the collection of information contained in this form are (6-02) not required to respond unless the form displays a currently valid OMB control number.

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

PROCESSED DEC 31 2003 THOMSON FINANCIAL

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, SEC USE ONLY, DATE RECEIVED

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

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE



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.) Sundance Trail Properties, LLC

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 17931 Red Feather Lakes Road Red Feather Lakes, CO 80545 970-224-1222

Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices)

Brief Description of Business Real Estate Holding

Handwritten initials

- Each general and managing partner of partnership issuers.

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

Full Name (Last name first, if individual)
Morin, George Daniel

Business or Residence Address (Number and Street, City, State, Zip Code)
17931 Red Feather Lakes Road
Red Feather Lakes, CO 80545

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

Full Name (Last name first, if individual)
Morin, Ellen Marie

Business or Residence Address (Number and Street, City, State, Zip Code)
17931 Red Feather Lakes Road
Red Feather Lakes, CO 80545

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

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

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 Yes No
investors in this offering?..... [] [X]

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any \$15,000.00
individual?.....

3. Does the offering permit joint ownership of a single Yes No
unit?..... [X] []

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)

None - this is a private offering

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

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	0	\$ _____
.....		
Non-accredited Investors	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 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	_____	\$ _____
.....		
<u>Regulation A</u>	_____	\$ _____
.....		
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 type="checkbox"/> \$0
.....	
Legal Fees	<input type="checkbox"/> \$5,000.00
.....	
Accounting Fees	<input checked="" type="checkbox"/> \$1,200.00
.....	
Engineering Fees	<input type="checkbox"/> \$0
.....	
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/> \$0
.....	
Other Expenses (identify)	<input type="checkbox"/> \$50
State of Colorado filing of LLC Articles of Organization	
Total	<input type="checkbox"/> \$6,250.00
.....	

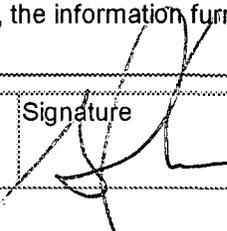
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$293,750.00-

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 type="checkbox"/> \$0	<input type="checkbox"/> \$0
Purchase of real estate	<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$293,750.00
Purchase, rental or leasing and installation of machinery and equipment	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$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)	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Repayment of indebtedness	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Working capital	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Other (specify): _____	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Column Totals	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> \$293,750.00
Total Payments Listed (column totals added)	<input type="checkbox"/> \$ _____	

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) Sundance Trail Properties, LLC	Signature 	Date 12/17/03
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APPENDIX

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-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	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL		X							X
AK		X							X
AZ		X							X
AR		X							X
CA		X							X
CO		X							X
CT		X							X
DE		X							X
DC		X							X
FL		X							X
GA		X							X
HI		X							X
ID		X							X
IL		X							X
IN		X							X
IA		X							X
KS		X							X
KY		X							X
LA		X							X
ME		X							X
MD		X							X
MA		X							X
MI		X							X
MN		X							X

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

<http://www.sec.gov/divisions/corpfin/forms/formd.htm>
Last update: 0