

SEC MAIL RECEIVED  
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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 state exemption unless such exemption is predicated on the filing of a federal notice.**

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

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



04005692

FORM D

PROCESSED  
JAN 16 2004

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

THOMSON FINANCIAL SEC USE ONLY	
Prefix	Serial
DATE RECEIVED	

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

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

**A. BASIC IDENTIFICATION DATA**

1. Enter the information requested about the issuer



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.

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**A. BASIC IDENTIFICATION DATA**

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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.

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

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Full Name (Last name first, if individual)  
**Boyle, Kevin W.**

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Business or Residence Address (Number and Street, City, State, Zip Code)  
**38 Barkley Circle, Suite 1                      Fort Myers, Florida 33907**

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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     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 [ ] 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 [ ] 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 [ ] 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 [ ] 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)

(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 No [ ] [X]
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?..... \$10,000.00
3. Does the offering permit joint ownership of a single unit?..... Yes No [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)  
**N/A**

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

[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]

**(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 exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt .....	\$ _____	\$ _____
Equity .....	\$ _____	\$ _____
[ ] Common [ ] Preferred		
Convertible Securities (including warrants) .....	\$ _____	\$ _____
Partnership Interests .....	\$ _____	\$ _____
Other (Specify: <b>limited liability co. membership interests</b> ).	<b>\$10,000,000.00</b>	<b>\$1,011,142.00</b>
Total .....	<b>\$10,000,000.00</b>	<b>\$1,011,142.00</b>

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 .....		\$ _____
Non-accredited Investors .....		\$ _____
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 .....	[ X ] \$0
Printing and Engraving Costs .....	[ X ] \$1,500.00
Legal Fees .....	[ X ] \$20,000.00
Accounting Fees .....	[ X ] \$1,000.00
Engineering Fees .....	[ X ] \$0
Sales Commissions (specify finders' fees separately) .....	[ X ] \$0
Other Expenses (identify) <b>Miscellaneous</b> .....	[ X ] \$7,500.00
Total .....	[ X ] \$30,000.00

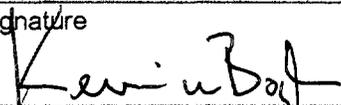
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." ..... **\$9,970,000**

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 .....	[X] \$0	[X] \$0
Purchase of real estate .....	[X] \$0	[X] \$0
Purchase, rental or leasing and installation of machinery and equipment .....	[X] \$0	[X] \$0
Construction or leasing of plant buildings and facilities.....	[X] \$0	[X] \$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) .....	[X] \$0	[X] \$0
Repayment of indebtedness .....	[X] \$0	[X] \$0
Working capital .....	[X] \$0	[X] \$0
Other (specify): <b>Purchase of Securities</b> .....	[X] \$0	[X] \$9,970,000.00
_____	[X] \$0	[X] \$0
_____	[X] \$0	[X] \$9,970,000.00
Column Totals .....	[X] \$0	[X] \$9,970,000.00
Total Payments Listed (column totals added) .....	[ X ] \$9,970,000.00	

**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>Damian Partners, LLC</b>	Signature 	Date <b>January 8, 2004</b>
Name of Signer (Print or Type) <b>Kevin W. Boyle</b>	Title of Signer (Print or Type) <b>President, KS Advisors, Inc., (Manager)</b>	

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

**E. STATE SIGNATURE**

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?  
.....

Yes No  
[ ] [X]

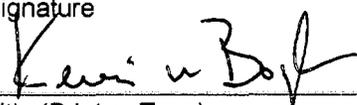
See Appendix, Column 5, for state response.

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) <b>Damian Partners, LLC</b>	Signature 	Date <b>January 8, 2004</b>
Name of Signer (Print or Type) <b>Kevin W. Boyle</b>	Title (Print or Type) <b>President, KS Advisors, Inc. (Manager)</b>	

*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	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			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	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL		X		4	\$664,242.00	0			X
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
MA									
MI		X		4	\$135,000.00	0			X
MN									

MS									
MO		X		1	\$16,900.00	0			X
MT									
NE									
NV		X		1	\$115,000.00	0			X
NH									
NJ		X		2	\$80,000.00	0			X
NM									
NY									
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

*<http://www.sec.gov/divisions/corpfm/forms/formd.htm>  
Last update: 06/06/2002*

## FORM U-2 UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned, Damian Partners, LLC, a limited liability company organized under the laws of Florida, for purposes of complying with the laws of the states indicated hereunder relating to (i) either the registration or sale of securities or (ii) the furnishing of investment advisory services, hereby irrevocably appoints the officers of the states so designated hereunder and their successors in such offices, its attorney in those states so designated upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of, or in connection with, the sale of securities or out of violation of the aforesaid laws of the states so designated; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the states so designated hereunder by service of process upon the officers so designated with the same effect as if the undersigned was organized or created under the laws of that state and have been served lawfully with process in that state.

It is requested that a copy of any notice, process or pleading served hereunder be mailed to:

KS Advisors, Inc., Manager  
Attention: Kevin W. Boyle  
38 Barkley Circle, Suite 1  
Fort Myers, FL 33907

Place an "X" before the names of all states for which the person executing this form is appointing the designated Officer of that state as its attorney in that state for receipt of service of process:

<input type="checkbox"/> ALABAMA	Secretary of State.	<input type="checkbox"/> ILLINOIS	Secretary of State.
<input type="checkbox"/> ALASKA	Administrator of the Division of Banking and Corporations, Department of Commerce and Economic Development.	<input type="checkbox"/> INDIANA	Secretary of State.
<input type="checkbox"/> ARIZONA	The Corporation Commission.	<input type="checkbox"/> IOWA	Commissioner of Insurance.
<input type="checkbox"/> ARKANSAS	The Securities Commissioner.	<input type="checkbox"/> KANSAS	Secretary of State.
<input type="checkbox"/> CALIFORNIA	Commissioner of Corporations.	<input type="checkbox"/> KENTUCKY	Director, Division of Securities.
<input type="checkbox"/> COLORADO	Securities Commissioner.	<input type="checkbox"/> LOUISIANA	Commissioner of Securities.
<input type="checkbox"/> CONNECTICUT	Banking Commissioner.	<input type="checkbox"/> MAINE	Administrator, Securities Division.
<input type="checkbox"/> DELAWARE	Securities Commissioner.	<input type="checkbox"/> MARYLAND	Commissioner of Securities.
<input type="checkbox"/> DISTRICT OF COLUMBIA	Public Service Commission.	<input type="checkbox"/> MASSACHUSETTS	Secretary of State.
<input checked="" type="checkbox"/> FLORIDA	Department of Banking and Finance.	<input checked="" type="checkbox"/> MICHIGAN	Administrator, Corporation and Securities Bureau, Department of Commerce.
<input type="checkbox"/> GEORGIA	Commissioner of Securities.	<input type="checkbox"/> MINNESOTA	Commissioner of Commerce.
<input type="checkbox"/> GUAM	Administrator, Department of Finance.	<input type="checkbox"/> MISSISSIPPI	Secretary of State.
<input type="checkbox"/> HAWAII	Commissioner of Securities & Consumer Affairs.	<input checked="" type="checkbox"/> MISSOURI	Securities Commissioner.
<input type="checkbox"/> IDAHO	Director, Department of Finance.	<input type="checkbox"/> MONTANA	State Auditor and Commissioner of Insurance.
		<input type="checkbox"/> NEBRASKA	Director of Banking and Finance.
		<input checked="" type="checkbox"/> NEVADA	Secretary of State.

_____ NEW HAMPSHIRE	Secretary of State.	_____ SOUTH CAROLINA	Office of Attorney General.
<u>X</u> NEW JERSEY	Chief, Securities Bureau.	_____ SOUTH DAKOTA	Director of the Division of Securities.
_____ NEW MEXICO	Director of Securities.	_____ TENNESSEE	Commissioner of Commerce and Insurance.
_____ NEW YORK	Secretary of State.	_____ TEXAS	Securities Commissioner.
_____ NORTH CAROLINA	Secretary of State.	_____ UTAH	Director, Division of Securities.
_____ NORTH DAKOTA	Securities Commissioner.	_____ VERMONT	Commissioner of Banking, Insurance, Securities, and Health Care Administration
_____ OHIO	Secretary of State.	_____ VIRGINIA	Clerk, State Corporation Commission.
_____ OREGON	Director, Department of Insurance and Finance.	_____ WASHINGTON	Director of the Department of Licensing.
_____ OKLAHOMA	Department of Securities.	_____ WEST VIRGINIA	Commissioner of Securities.
*** PENNSYLVANIA	Pennsylvania does not require filing of a Consent to Service of Process.	_____ WISCONSIN	Department of Financial Institutions, Division of Securities
_____ PUERTO RICO	Commissioner of Financial Institutions.	_____ WYOMING	Secretary of State.
_____ RHODE ISLAND	Director of Business Regulation.		

Dated this 9<sup>th</sup> day of January, 2004.

**APPLICANT**

DAMIAN PARTNERS, LLC

By: KS ADVISORS, INC., GENERAL PARTNER

By: Kevin W. Boyle  
 Kevin W. Boyle, President

(CORPORATE SEAL)

THE STATE OF FLORIDA           §  
                                                   §  
 COUNTY OF Lee                   §

On this 9<sup>th</sup> day of January, 2004, before me, Kevin Boyle, the undersigned officer, personally appeared, known personally to me to be the of the above named corporation and acknowledged that he, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself as an officer.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

(SEAL)



Ruth J. Byers  
 Commission #DD146104  
 Expires: Aug 29, 2006  
 Bonded Thru  
 Atlantic Bonding Co., Inc.

Ruth J. Byers  
 Notary Public/Commissioner of Oaths

My Commission Expires August 29, 2006

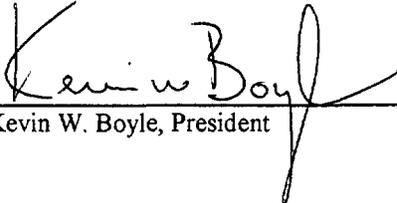
**FORM U-2A UNIFORM CORPORATE RESOLUTION OF**  
**KS ADVISORS, INC.**

RESOLVED, that it is desirable and in the best interests of this Corporation that the Units of Limited Liability Company Interests (the "**Securities**") of Damian Partners, LLC, a Florida limited liability company of which this Corporation is the Manager, be qualified or registered for sale in various states; that the President or any Vice President and the Secretary or an Assistant Secretary of this Corporation hereby are authorized to determine the states in which appropriate action shall be taken to qualify or register for sale all or such part of the Securities of Damian Partners, LLC as said officers may deem advisable; that said officers are hereby authorized to perform on behalf of this Corporation any and all such acts as they may deem necessary or advisable in order to comply with the applicable laws of any such states, and in connection therewith to execute and file all requisite papers and documents, including, but not limited to, applications, reports, surety bonds, irrevocable consents and appointments of attorneys for service of process; and the execution by such officers of any such paper or document or the doing by them of any act in connection with the foregoing matters shall conclusively establish their authority therefor from this Corporation and the approval and ratification by this Corporation of the papers and documents so executed and the action so taken.

**CERTIFICATE**

The undersigned hereby certifies that he is the President of KS Advisors, Inc., a corporation organized and existing under the laws of the State of Florida; that the foregoing is a true and correct copy of a resolution duly adopted by the unanimous written consent of the Board of Directors of said corporation dated December 1, 2003, that the passage of said resolution was in all respects legal; and that said resolution is in full force and effect.

Dated this 9<sup>th</sup> day of January, 2004.

  
\_\_\_\_\_  
Kevin W. Boyle, President

(CORPORATE SEAL)