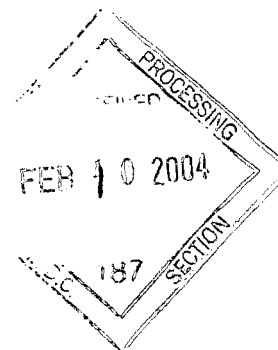


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SEC 1972 (6-02) Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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

FORM D

SEC USE ONLY		
Prefix		Serial
DATE RECEIVED		



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

PROCESSED
FEB 13 2004
THOMSON
FINANCIAL

Name of Offering ([] check if this is an amendment and name has changed, and indicate change.)
Advisory Select Absolute Return Fund LLC

Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) [] ULOE
Type of Filing: [] New Filing [X] 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.)
Advisory Select Absolute Return Fund LLC

Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
50210 AXP Financial Center, Minneapolis, Minnesota 55474 612-671-3935

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

Brief Description of Business: Fund of hedge funds.

W

Type of Business Organization

☐ corporation ☐ limited partnership, already formed ☒ other (please specify):
☐ business trust ☐ limited partnership, to be formed Limited liability company

Month Year

Actual or Estimated Date of Incorporation or Organization: [08] [2001] [X] Actual [] Estimated

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:

CN for Canada; FN for other foreign jurisdiction) [D] [E]

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 ☒ Promoter ☐ Beneficial ☐ Executive ☐ Director ☐ General and/or
Apply: Owner Officer Partner

Full Name (Last name first, if individual) American Express Financial Advisors Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
200 AXP Financial Center, Minneapolis, MN 55474

Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive ☐ Director ☒ General and/or
Apply: Owner Officer Member

Full Name (Last name first, if individual) Advisory Select LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
50210 AXP Financial Center, Minneapolis, MN 55474

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

Full Name (Last name first, if individual) IDS Life Insurance Company

Business or Residence Address (Number and Street, City, State, Zip Code)
53643 AXP Financial Center, Minneapolis, MN 55474

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

Full Name (Last name first, if individual)

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

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

Full Name (Last name first, if individual)

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

Check Box(es) that ☐ Promoter ☐ Beneficial ☐ Executive ☐ Director ☐ General and/or
Apply: Owner Officer 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?.....
Class A: \$1,000,000 Class B: \$500,000 \$ see left
Minimum investment may be reduced at the Investment Manager's discretion.

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) More than 5 persons. See below for broker/dealer.

Business or Residence Address (Number and Street, City, State, Zip Code)
200 AXP Financial Center, Minneapolis, MN 55474

Name of Associated Broker or Dealer American Express Financial Advisors Inc.

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) Northwinds Marketing Group LLC (more than 5 persons)

Business or Residence Address (Number and Street, City, State, Zip Code)
211 North First Street, Suite 325, Minneapolis, MN 55401

Name of Associated Broker or Dealer Northwinds Marketing Group LLC

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]

(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 (___ limited liability company interests___).	\$ ___ N/A ___	\$ 15,427,798.01
Total	\$	\$ 15,427,798.01

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

* to US investors

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(US Investors)	4	\$ 15,427,798.01
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. **NOT APPLICABLE**

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	_____	\$ _____
Regulation A	_____	\$ _____
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.

* Expenses since previous Form D filing (July 1, 2003 – Dec 31, 2003)

Transfer Agent's Fees	[]	\$0
Printing and Engraving Costs	[]	\$0
Legal Fees	[]	\$1,422.66
Accounting Fees	[]	\$12,499.98
Engineering Fees	[]	\$0
Sales Commissions (specify finders' fees separately)	[]	\$0
Other Expenses (identify)		
Administration Exp		
Insurance Exp		\$28,435.53
Management Exp	[]	\$2,802.36
Bank Exp		\$82,873.61
		\$409.00
Total	[]	\$128,443.14

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." **\$-N/A**

NOT APPLICABLE

Payments to Officers, Directors, & Affiliates [] \$	Payments To Others [] \$
---	---------------------------------------

☐ \$ _____ ☐ \$ _____

☐ \$ _____ ☐ \$ _____

[] []
 \$ _____ \$ _____

☐ \$ _____ ☐ \$ _____

☐ \$ _____ ☐ \$ _____

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☐ \$ _____
☐ \$ _____

[] \$ _____