

FORM D

U.S. SECURITIES AND EXCHANGE COMMISSION

Washington, D. C. 20549

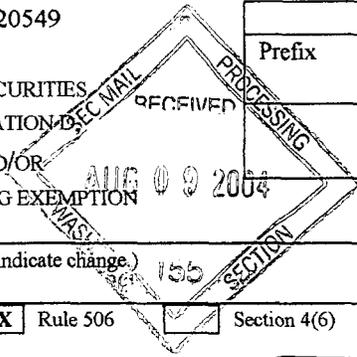
FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

UNIFORM LIMITED OFFERING EXEMPTION

1263443

SEC USE ONLY
Prefix Serial
DATE RECEIVED



Name of Offering ( ) check if this is an amendment and name has changed, and indicate change.
Class C Units
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.
NexGenix Pharmaceuticals, LLC
Address of Executive Offices (Number and Street, City, State, Zip Code)
152 West 57th Street, Suite 11B, New York, New York 10019
Telephone Number (Including Area Code)
(212) 974-3006
Address of Principal Business Operations (Number and Street, City, State, Zip Code)
(if different from Executive Offices)
Telephone Number (Including Area Code)



Brief Description of Business:
NexGenix Pharmaceuticals, LLC is a biotechnology company focused on the development of therapies for the treatment of neurofibromatosis type 1 and neurofibromatosis type 2.

Type of Business Organization
( ) corporation ( ) Limited partnership, already formed [X] other (please specify) - limited liability company
( ) business trust ( ) Limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization:
Month Year
0 6 20 03 [X] Actual ( ) Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
D E
CN for Canada: FN for other foreign jurisdiction)

PROCF
AUG 10 2004

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.
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.
Information Required: A new filing must contain all information requested.
Filing Fees: 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

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.

Handwritten signature

**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  Director  General and/or Managing Partner

Full Name (Last name first, if individual)

**Salmasi, Allen B.**

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

**c/o NexGenix Pharmaceuticals, LLC, 152 West 57th Street, Suite 11B, New York, New York 10019**

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

Full Name (Last name first, if individual)

**Rubenstein, Allan E.**

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

**c/o NexGenix Pharmaceuticals, LLC, 152 West 57th Street, Suite 11B, New York, New York 10019**

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

Full Name (Last name first, if individual)

**Infinity Investments LLC**

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

**c/o NexGenix Pharmaceuticals, LLC, 152 West 57th Street, Suite 11B, New York, New York 10019**

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

Full Name (Last name first, if individual)

**Hen Suh Park**

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

**c/o NexGenix Pharmaceuticals, LLC, 152 West 57th Street, Suite 11B, New York, New York 10019**

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

Full Name (Last name first, if individual)

**Philips, Laura**

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

**c/o NexGenix Pharmaceuticals, LLC, 152 West 57th Street, Suite 11B, New York, New York 10019**

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

Full Name (Last name first, if individual)

**Good News Communications Company LLC**

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

**229 Milbank Avenue Unit #2, Attention: Stephen C. Park, President**

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  
 Answer also in Appendix Column 2, if filing under ULOE

2. What is the minimum investment that will be accepted from any individual? ..... \$25,000

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

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 in an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the names 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. **NOT APPLICABLE**

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]

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.....	\$ 0	\$ 0
Equity.....	\$ 0	\$ 0
	<input type="checkbox"/> Common <input type="checkbox"/> Preferred	
Convertible Securities (including warrants).....	\$ 0	\$ 0
Partnership Interests.....	\$ 0	\$ 0
Other (Specify: Class C Membership Interests).....	\$ 1,500,000	\$ 1,500,000
Total.....	\$ 1,500,000	\$ 1,500,000

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.....	15	\$ 1,500,000
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 Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering, classify securities by type in Part C - Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505.....	NONE	0
Regulation A.....	NONE	0
Rule 504.....	NONE	0
Total.....	NONE	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"/> \$ 1,000
Legal Fees (estimated).....	<input checked="" type="checkbox"/> \$ 30,000
Accounting Fees (estimated).....	<input type="checkbox"/> \$ 0
Engineering Fees.....	<input type="checkbox"/> \$ 0
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/> \$ 0
Other Expenses (identify): payments to consultants.....	<input checked="" type="checkbox"/> \$ 5,000
Total.....	<input checked="" type="checkbox"/> \$ 36,000

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

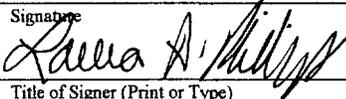
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4 a. This difference is the "adjusted gross proceeds to the issuer." \$1,464,000

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.

	<input type="checkbox"/>		<input type="checkbox"/>	
		Payments to Officers, Directors & Affiliates		Payments To Others
Salaries and fees.....	<input checked="" type="checkbox"/>	\$15,000	<input checked="" type="checkbox"/>	\$15,000
Purchase of real estate.....	<input type="checkbox"/>	\$ 0	<input type="checkbox"/>	\$ 0
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/>	\$ 0	<input checked="" type="checkbox"/>	\$4,000
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 checked="" type="checkbox"/>	\$715,000
Other (specify): research and development and start up costs.....	<input type="checkbox"/>	\$ 0	<input checked="" type="checkbox"/>	\$715,000
Column Totals.....	<input type="checkbox"/>	\$15,000	<input type="checkbox"/>	\$1,449,000
Total Payments Listed (column totals added).....	<input type="checkbox"/>	\$1,464,000		

**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
NexGenix Pharmaceuticals, LLC		8/3/04
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Laura A. Philips, PhD, MBA	Chief Operating Officer	

**ATTENTION**

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