FORM D

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

FORM D

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

UNIFORM LIMITED OFFERING EXEMPTIO

RECEIVED



hours per response 16.00						
SEC USE ONLY						
Prefix	-	Serial				
DATE RECEIVED						

	if this is an amendment and name he ship Offering of Limited Partner		licate change.)		
Filing Under (Check box(es) Type of Filing: [X] New Filin	,	[] Rule 505	[X] Rule 506	[] Section 4(6)	[] ULOE
		A. BASIC IDENTI	FICATION DATA		
1. Enter the information requ	ested about the issuer				
Name of Issuer (check if this GPE V GP Limited Partner	is an amendment and name has charship	inged, and indicate	change.)		
Address of Executive Offices c/o Advent International Co	(Number and Street, City, Sta prporation, 75 State Street, Bosto			Telephone Numb (617) 951-9400	per (Including Area Code)
Address of Principal Busines (if different from Executive C N/A	s Operations (Number and Street, Offices)	City, State, Zip Coo	e)	Telephone Numb	per (Including Area Code)
	ontrol affairs and business of Adv ties formed to provide risk capita				
Type of Business Organizatio [] corporation [] business trust	on [X] limited partnership, alr [] limited partnership, to	•	[] othe	er (please specify):	
	ncorporation or Organization: or Organization: (Enter two-letter U CN for Canada; FN for		bbreviation for State	Actual [] Estimated	

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.

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.

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.

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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:	[X] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if i Advent International Corpor				<u>-</u>	
Business or Residence Address 75 State Street, Boston MA 0	•	et, City, State, Zip Code)			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[X] General and/or Managing Partner
Full Name (Last name first, if i Advent International LLC	ndividual) :				
Business or Residence Address c/o Advent International Cor	*				
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if it Advent International Limited					
Business or Residence Address c/o Advent International Cor	•				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if it	ndividual) :				
Business or Residence Address	(Number and Stre	et, 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 in	ndividual) :				
Business or Residence Address	(Number and Stre	et, 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 in	ndividual) :				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code):	<u></u>	**	
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner
Full Name (Last name first, if in	ndividual) :				
Business or Residence Address	(Number and Stree	et, City, State, Zip Code) :			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					E	B. INFORM	IATION A	BOUT OF	FERING			
1. Has t	the issuer so	old, or does	the issuer	intend to se	ell, to non-a	ccredited in	vestors in t	his offering	?			Yes No
					Answer also	in Append	lix, Column	2, if filing t	ınder ULOE			() ()
2. What is the minimum investment that will be accepted from any individual?									\$ N/A			
3. Does the offering permit joint ownership of a single unit?									Yes No			
similar associat dealer. l	remuneration	on for solic or agent of n five (5) p	itation of p a broker or	urchasers is dealer regi	n connectio stered with	n with sales the SEC an	of securitied of securities of	es in the offe state or state	or indirectly ering. If a pe es, list the na you may set	rson to be li ame of the b	sted is an	
Full Na N/A	me (Last na	ame first, it	individual)				-				
Busines	s or Reside	nce Addre	ss (Number	and Street	, City, State	, Zip Code)						
Name o	f Associate	d Broker o	r Dealer					<u></u>				
States in	n Which Pe	rson Listed	Has Solic	ited or Inter	nds to Solic	it Purchaser	rs					
(Check	"All States	or check	individual S	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 Na	me (Last na	ıme first, if	`individual)								
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)						
Name o	f Associate	d Broker o	r Dealer									
					ds to Solic	it Purchaser	s					
(Check	"All States"	or check i	ndividual S	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 Nar	me (Last na	me first, if	individual))						***	<u>-</u>	
Busines	s or Reside	nce Addres	s (Number	and Street,	City, State	, Zip Code)						
Name o	f Associate	d Broker o	r Dealer						<i>*</i>			
			Has Solici ndividual S		ds to Solici	it Purchaser	s			[]	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 A	ND USE	OF PROCEEDS
١.,	OFFERING FRICE	THUMBER	OL HARESTORS	· LAFEINGEG A	NID USE	OF FROCEEDS

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. Aggregate Amount Already Type of Security Offering Price Sold A Debt 0 0 Equity [] Common [] Preferred Convertible Securities (including warrants) n Partnership Interests 10,000,000 10,000 ø 0 Other (Specify). Total 10,000,000 10,000 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." Aggregate Dollar Amount of Purchases Number Investors Accredited Investors 10,000 1 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. Dollar Amount Type of Security Type of offering Sold Rule 505 Regulation A 0 Rule 504 0 0 2 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 []\$ []\$ Printing and Engraving Costs 0 Legal Fees [X] \$ 7,000 []\$ 0 Accounting Fees Engineering Fees []\$ 0 Sales Commissions (specify finders' fees separately) []\$ Other Expenses (identify) 0 []\$ Total [X] \$ 7,000 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in 9,993,000 response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."

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.

	Payment Officers, Directors Affiliates	., &	Paymen Others	ts To
Salaries and fees	`[]\$	0	[] \$ _	0
Purchase of real estate	[] \$	0	[] \$	0
Purchase, rental or leasing and installation of machinery and equipment	[] \$	0		0
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)	[] \$	0		0
Repayment of indebtedness	[] \$	0	[] \$ _	0
Working capital	[] \$	0	[] \$	0
Other (specify): To provide risk capital for, and make investments in the securities of, privately held and other businesses.	[]\$	0	[X] \$	9,993,000
Column Totals	[] \$ [0	[X] \$	9,993,000
Total Payments Listed (column totals added)		[]\$_	9,993,000	

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
GPE V GP Limited Partnership	GPE V GP Limited Partnership by: Advent International LLC, General Partner by: Advent International Corporation, Manager	January <u>V</u> 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Janet L. Hennessy	Vice President and Treasurer	

ATTENTION

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