FORM D



UNITED STATES
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

OMB APPROVAL									
OMB Number:	3235-0076								
Expires:	May 31, 2005								
Estimated avera	age burden								

hours per response. 16.00

SEC USE ONLY Prefix Serial								
Prefix	Serial							
DATE	RECEIVED							
1	t							

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 Rule 506 Section 4(6) 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.) 1411 Main Street, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 532 Colorado Avenue, Santa Monica 90401 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Gif different from Executive Offices) Brief Description of Business Real Estate Investment and Development Type of Business Organization limited partnership, already formed other (please specify): Limited Liability Liability	JAN 27 COD
1. Enter the information requested about the issuer	
	185/8
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
532 Colorado Avenue, Santa Monica 90401	(310) 458-8860
	Telephone Number (Including Area Code)
Brief Description of Business	
Real Estate Investment and Development	FEB 01 2005
corporation limited partnership, already formed other (p	MI 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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 the 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 to 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 unless such exemption is predictated on the filing of a federal notice.

Persons who 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.

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	A. BASIC ID	ENTIFICATION DATA		
2. Enter the information requested for the	200 X			and the second
• Each promoter of the issuer, if the	•	within the past five years:		
-	_	-	of 10% or more of	a class of equity securities of the issuer
Each executive officer and directed.		_		• •
Each general and managing partn	-	corporate general and mar	aging partiters or p	armership issuers, and
Zuen general and managing param				
Check Box(es) that Apply: Promote	er 📝 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Gerri Leonard				
Business or Residence Address (Number 532 Colorado Avenue, Santa Monica,	and Street, City, State, Zip Co California 90401	ode)		
Check Box(es) that Apply: Promote	er 🛮 Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
Jay Sendyk				
Business or Residence Address (Number a 532 Colorado Avenue, Santa Monica,		ode)		
Check Box(es) that Apply: Promote	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual) Lou Waits				
Business or Residence Address (Number	and Street, City, State, Zip Co	ode)		
532 Colorado Avenue, Santa Monica,	California 90401	·		
Check Box(es) that Apply: Promote	er 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 Co	ode)		
Check Box(es) that Apply: Promote	er 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 Co	ode)		
Check Box(es) that Apply: Promote	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 Co	ode)		
Check Box(es) that Apply: Promote	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 Co	ode)		
(Use	blank sheet, or copy and use	•	heet, as necessary)	
		2 of 9		

				· Β. Γ	NFORMAT	ION ABOU	T OFFERI	NG.				
1. Has the	e iccuer col	d, or does t	he iccuer i	ntend to se	11 to non-a	ccredited i	nvestors ir	thic offer	ina?		Yes	No
1. 1145 (11	133401 301	u, or uoes r			n, to non-a Appendix				•			
2. What i	s the minin	num investr					_				\$	
					-	•					Yes	No
	_	permit join		-							<u> </u>	X
commi If a per or state	ssion or sin son to be lises, list the n	tion requestion remunested is an asted is an asted is an asted is an asted the b	ration for s sociated pe broker or de	solicitation erson or age ealer. If me	of purchasent of a broker ore than five	ers in conn cer or deale e (5) person	ection with or registered ns to be list	sales of sed with the S are asso	curities in t SEC and/or	he offering with a state		
Full Name ((Last name	first, if ind	ividual)									
Business or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	Zip Code)						
Name of As	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
(Check	"All State	s" or check	individual	States)	***************************************	••••	•••••				☐ Al	1 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 RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	e Address (I	Number an	d Street, C	ity, State, 2	Zip Code)						
Name of As	ssociated B	roker or De	aler									
States in W	hich Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	.,					
(Check	"All State	s" or check	individual	States)					••••		☐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL NOT	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
Full Name												
Destination	- D: 1	. 4 1 3 (1	.T 1	1.04	1.4. G4.4. /	7!- (7-1-)						
Business of	r Kesidence	e Address (1	Number an	id Street, C	ny, State, A	Zip Code)						
Name of As	sociated B	roker or De	aler									
States in W	hich Person	ı Listed Ha	s Solicited	or Intends	to Solicit	Purchasers		······································				
(Check	"All State	s" or check	individual	States)	••••••						☐ Al	l 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 RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA

(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 the answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\square\) 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		\$ 0.00
	Common Preferred	ь	Ψ
	Convertible Securities (including warrants)	t ·	¢
	Partnership Interests		
	Other (Specify LLC Interests		\$
	Total		
			\$ 0.00
	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)		\$ 0.00
	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 listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
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 insurer. 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		\$
	Legal Fees		\$ 4,000.00
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)	_	\$
	Total		\$ 4,000.00

	b. Enter the difference between the aggreand total expenses furnished in response to proceeds to the issuer."	Part C — Question 4.a. This difference is	s the "adjusted gross	\$1,196,000.00
5.	Indicate below the amount of the adjusted each of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	int for any purpose is not known, furnine total of the payments listed must equa	ish an estimate and	
	:		Payments	
	i		Officers Directors,	
	: :	·	Affiliates	•
	Salaries and fees		\$	\$
	Purchase of real estate		\$	\$
	Purchase, rental or leasing and installatio	on of machinery	_	
	and equipment		\$	\$
	Construction or leasing of plant building	s and facilities	\$	[] \$
	Acquisition of other businesses (includin offering that may be used in exchange for issuer pursuant to a merger)	r the assets or securities of another		\$
	Repayment of indebtedness		\$	\$
	Working capital		\$	\$_1,200,000.00
	Other (specify):			
				\$
	Column Totals		\$ <u>0.00</u>	\$1,200,000.00
	Total Payments Listed (column totals add	led)		1,200,000.00
		D. FEDERAL SIGNATUR	RE	
sig	e issuer has duly caused this notice to be sign nature constitutes an undertaking by the issu- information furnished by the issuer to any	uer to furnish to the U.S. Securities and	Exchange Commission, upon w	
Iss	uer (Print or Type)	Signature	Date	
	11 Main Street, LLC	1 Denix	1-10-	0)
14				
	me of Signer (Print or Type)	Title of Signer (Print or Typ	pe)	

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

- ATTENTION -

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

F.						

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?		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)	Signature Date 1
1411 Main Street, LLC	1/10/05
Name (Print or Type)	Title (Print or Type)
Gerri Leonard	Manager

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.

2 3 5 4 1 Disqualification under State ULOE Type of security and aggregate (if yes, attach Intend to sell offering price Type of investor and explanation of to non-accredited amount purchased in State offered in state waiver granted) investors in State (Part C-Item 2) (Part C-Item 1) (Part E-Item 1) (Part B-Item 1) Number of Number of Accredited Non-Accredited Yes No **Investors Investors** State **Amount** Yes No Amount ALΑK AZAR CA CO CTDE DC FL GA HIID ILIN ΙA KS KY LA ME MDMA MI MN MS

APPENDIX

APPENDIX

1		2	3			4		5	
	to non-actions	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rchased in State 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
МО			10.4.19						
МТ									
NE									
NV									
NH									
NJ				`				- Christove	COLOR MACA
NM			-						
NY									
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VA									
WA									
WV									
WI									

1		2 3				4		Disqua	i lification	
	Intend to non-accinvestors (Part B-I	s in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and examount purchased in State w			Type of investor and			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY				_						
PR	5									