UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20545

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 average burden Hours per form 16.00



Actual or Estimated Date of Incorporation or Organization [1][0]

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

1317054

SEC USE ONLY					
Prefix	Serial				
DATE REC	EIVED				

	·		
Name of Offering ([] check if this is an amendme	nt and name has changed, and indicate ch	ange.)	
MP Realty Partners I, L.P. Offering of Limited	Partnership Interests		RECENTED TO STATE OF THE PARTY
Filing Under (Check box(es) that apply): [] Rule	504 [] Rule 505 [X] Rule 506 [] Se	ction 4(6) [] ULOE	//3/
Type of Filing: [X] New Filing [] Amendment			
	A. BASIC IDENTIFIC	CATION DATA	(2)
1. Enter the information requested about the issue	r		
Name of Issuer ([] check if this is an amendment	and name has changed, and indicate change	ge.)	
MP Realty Partners I, L.P. (the "Fund")			
Address of Executive Offices (Number and	Street, City, State, Zip Code)	Telephone Number ((Including Area Code)
c/o MP Realty Advisors, L.P. 1717 Penn Avenue	e, Suite 5015, Pittsburgh, PA 15221	412-242-5393	
Address of Principal Business Operations (Numbe	r and Street, City, State, Zip Code)	Telephone Number ((Including Area Code)
Operations (if different from Executive Offices)			
Brief Description of Business To invest in a dive	rsified portfolio of multi-family, studen	t housing, retail industr	rial, office, hotel and land property.
Type of Business Organization			
[] corporation	[X] limited partnership, alread	ly formed	[] other (please specify)
[] business trust	[] limited partnership, to be fo	rmed	\\ \frac{PROCESS.}{}
	Month Year		- CONER

GENERAL INSTRUCTIONS

Fadaral

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).

abbreviation for State: CN for Canada; FN for other foreign jurisdiction)

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.

[X]Actual []Estimated

[D][E]

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 predicated on the filing of a federal notice

~~~

## 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 of the Fund               |
|---------------------------------------------------------|---------------------------------------|------------------------------------------------------------------|-----------------------------------|----------------------------|---------------------------------------------------------------|
| Full Name (Last name first, MP Realty Advisors, L.P.    |                                       | er")                                                             | 1, 3                              |                            | 0                                                             |
| Business or Residence Adda<br>c/o MP Realty Managemen   | •                                     | et, City, State, Zip Code):<br>venue, Suite 5015, Pittsburgh, PA | A 15221                           |                            | i Large eve                                                   |
| Check Box(es) that Apply                                | [X] Promoter                          | [ ] Beneficial Owner [ ]                                         | Executive Officer                 | [ ] Director               | [X] General and/or Managing Partner<br>of the General Partner |
| Full Name (Last name first, MP Realty Management I      | ,                                     |                                                                  |                                   |                            |                                                               |
| Business or Residence Addi<br>1717 Penn Avenue, Suite 5 |                                       |                                                                  |                                   |                            |                                                               |
| Check Box(es) that Apply                                | [X] Promoter                          | [] Beneficial Owner [                                            | ] Executive Officer               | [ ] Director               | [X] General and/or Managing Partner<br>(Manager of the Fund)  |
| Full Name (Last name first, McKinney Properties Inc.    | · · · · · · · · · · · · · · · · · · · |                                                                  |                                   |                            |                                                               |
| Business or Residence Addi<br>1717 Penn Avenue, Suite 5 | •                                     |                                                                  |                                   |                            |                                                               |
| Check Box(es) that Apply                                | [ X] Promoter                         | [ X ] Beneficial Owner<br>of MPRMI and MPI                       | [ X ] Executive Officer<br>of MPI | [ X ] Director<br>of MPRMI | [] General and/or Managing Partner                            |
| Full Name (Last name first, McKinney, John T.           | if individual):                       |                                                                  |                                   |                            |                                                               |
| Business or Residence Addr<br>1717 Penn Avenue, Suite 5 | •                                     | • • • • • • • • • • • • • • • • • • • •                          |                                   |                            |                                                               |
| Check Box(es) that Apply                                | [X] Promoter                          | [ X ] Beneficial Owner<br>of MPRMI and MP                        | [X] Executive Office I of MPI     | T [X] Director             | or [] General and/or Managing Partner                         |
| Full Name (Last name first, McKinney, James D., Jr.     | if individual):                       |                                                                  |                                   |                            |                                                               |
| Business or Residence Addr<br>1717 Penn Avenue, Suite 5 | •                                     |                                                                  |                                   |                            |                                                               |
| 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 Add                               | ress (Number and Stre                 | eet, City, State, Zip Code):                                     |                                   |                            |                                                               |

PHTRANS\423327\1 Page 2 of 8 SEC 1972 (6-02)

| 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 Add   | ress (Number and Stre | eet, 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 Add   | ress (Number and Stre | eet, 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 Add   | ress (Number and Stre | eet, 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 Add   | ress (Number and Stro | eet, City, State, Zip Code): |                       |              |                                       |
|                             |                       |                              |                       |              |                                       |

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

## B. INFORMATION ABOUT OFFERING

| •           | 34                                 |                              | 1 - 1 1 - 1                      | . 1 11                       | 11.             | ,               |                                        |                  |               |                 |                  |                                                          |
|-------------|------------------------------------|------------------------------|----------------------------------|------------------------------|-----------------|-----------------|----------------------------------------|------------------|---------------|-----------------|------------------|----------------------------------------------------------|
| 1.          | Has the issuer<br>investors in thi |                              | he issuer inter                  | id to sell, to n             | on-accredited   | 1               | Yes<br>[]                              | No<br>[ X ]      |               |                 |                  |                                                          |
|             |                                    |                              |                                  |                              | Α.              | Answer also ii  | n Appendix, C                          | olumn 2, if fil  | ing under UL  | OE.             |                  |                                                          |
| 2.          | What is the mi                     | nimum invest                 | ment that will                   | be accepted f                | rom any indiv   | /idual?         | \$ 250,0                               | 000              |               |                 |                  |                                                          |
|             | Th                                 | e General Pai                | rtners may ac                    | cept lower co                | ontributions    | in its sole dis |                                        |                  |               |                 |                  |                                                          |
|             |                                    |                              |                                  |                              |                 |                 | Yes                                    | No               |               |                 |                  |                                                          |
| 3           | Does the offer                     | ing permit joir              | nt ownership o                   | of a single uni              | t?              |                 | [X]                                    | []               |               |                 |                  |                                                          |
| 4           | purchasers in                      | connection wi                | th sales of sec<br>list the name | urities in the of the broker | offering. If a  | person to be    | e listed is an a                       | ssociated pers   | on or agent o | f a broker or o | lealer registere | or solicitation of<br>ed with the SEC<br>dealer, you may |
| Full Name   | (Last name firs                    | st, if individua             | l)                               |                              |                 |                 | ***                                    |                  |               |                 |                  |                                                          |
| Business o  | or Residence Ad                    | ldress (Numbe                | er and Street, (                 | City, State, Zip             | Code)           |                 |                                        |                  |               |                 |                  |                                                          |
| Name of A   | ssociated Brok                     | er or Dealer                 |                                  |                              |                 |                 | *****                                  |                  |               |                 | vi               | -                                                        |
| States in V | Vhich Person L                     | isted Has Soli               | cited or Intend                  | s to Solicit Pu              | ırchasers       |                 |                                        |                  |               |                 |                  | **************************************                   |
|             |                                    |                              |                                  | (Check "All                  | States" or ch   | neck individua  | al States)                             | · [ ] All States | 8             |                 |                  | _                                                        |
| [[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 firs                    | st, if individua             | l)                               | 1                            |                 |                 |                                        |                  |               | <del> </del>    | <u></u>          |                                                          |
| Business o  | or Residence Ac                    | ldress (Numbe                | er and Street, (                 | City, State, Zi              | p Code)         |                 |                                        |                  |               |                 |                  |                                                          |
| Name of A   | Associated Brok                    | er or Dealer                 | <del> </del>                     |                              |                 |                 |                                        |                  |               |                 | ·                |                                                          |
| States in V | Which Person L                     | isted Has Soli               | cited or Intend                  | ls to Solicit Pu             | ırchasers       |                 |                                        |                  |               |                 |                  |                                                          |
|             |                                    |                              |                                  | (Check "A)                   | "I States" or c | heck individu   | ial States)                            | .f ] 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 fir                      | <u>l</u><br>st, if individua | <u> </u><br>il)                  |                              | 1               | .1              |                                        |                  |               |                 | .                |                                                          |
| Business of | or Residence Ac                    | dress (Numbe                 | er and Street, (                 | City, State, Zi              | p Code)         |                 | ************************************** | ***              |               |                 |                  |                                                          |
|             |                                    | ·                            |                                  | - '                          |                 |                 |                                        |                  |               |                 |                  |                                                          |
| Name of A   | Associated Brok                    | er or Dealer                 |                                  | ,                            |                 |                 |                                        |                  |               |                 | 1                |                                                          |
| States in V | Which Person L                     | isted Has Soli               | cited or Intend                  | ls to Solicit P              | urchasers       |                 |                                        |                  |               | ·               |                  |                                                          |
|             |                                    |                              |                                  |                              |                 | ** • <u> </u>   |                                        |                  |               |                 |                  |                                                          |
|             |                                    |                              |                                  | (Check "Al                   | l States" or c  | heck individu   | ial States)                            | [ ] All States   | 3             |                 |                  |                                                          |
| [AL]        | [AK]                               | [AZ]                         | [AR]                             | [CA]                         | [CO]            | [CT]            | [DE]                                   | [DC]             | [FL]          | [GA]            | [HI]             | [ID]                                                     |
| [IL]        | [IN]                               | [LA]                         | [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]                                                     |
|             |                                    | ٠                            |                                  |                              | .1              |                 |                                        |                  |               |                 |                  |                                                          |

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

PHTRANS\423327\1

| •                   | Type of Security                                                                                                                                                                         | Aggregate Of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | fering Price                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Amount                                                                                                                                                                                                                                                                  | Already Sold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                      |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
|                     | Debt                                                                                                                                                                                     | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                    |
|                     | Equity                                                                                                                                                                                   | \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |
|                     | [] Common [] Preferred                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Ψ                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | , '                  |
|                     | Convertible Securities (including warrants)                                                                                                                                              | \$ <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | -                    |
|                     | Partnership Interests                                                                                                                                                                    | \$ 30,000,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del>-</del>         |
|                     | Other (Specify                                                                                                                                                                           | )    \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | \$                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <del>-</del>         |
|                     | Total Answer also in Appendix, Column 3, if filing under                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | \$                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <del>-</del>         |
| offering            | he number of accredited and non-accredited investors was under Rule 504, indicate the number of persons who ris "none" or "zero."                                                        | have purchased securities and the a                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | nount of                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | s on the total lines |
|                     | Accredited Investors                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                                                                                                                                                                                                                                                      | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | -                    |
| *                   | Non-accredited Investors                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | \$                                                                                                                                                                                                                                                                      | <u>0</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _                    |
|                     |                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |
|                     | Total (for filings under Rule 504 only)                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |
|                     | Total (for filings under Rule 504 only)  Answer also in Appendix, Column 4, if filing to                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |
|                     |                                                                                                                                                                                          | under ULOE.  e information requested for all securi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ities sold by the is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ssuer, to c                                                                                                                                                                                                                                                             | late, in offerin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |
|                     | Answer also in Appendix, Column 4, if filing ti                                                                                                                                          | under ULOE.  e information requested for all securifiering. Classify securities by type l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ities sold by the is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ssuer, to ouestion 1.                                                                                                                                                                                                                                                   | late, in offerin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gs of the types ind  |
|                     | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of                  | under ULOE.  e information requested for all securifering. Classify securities by type l                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ities sold by the is<br>isted in Part C-Qu<br>Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ssuer, to ouestion 1.                                                                                                                                                                                                                                                   | late, in offerin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gs of the types ind  |
|                     | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | under ULOE.  e information requested for all securifering. Classify securities by type l  Type of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ities sold by the is<br>isted in Part C-Qu<br>Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ssuer, to ouestion 1.                                                                                                                                                                                                                                                   | late, in offerin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gs of the types ind  |
|                     | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | under ULOE.  e information requested for all securifering. Classify securities by type l  Type of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ities sold by the is<br>isted in Part C-Qu<br>Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ssuer, to ouestion 1.                                                                                                                                                                                                                                                   | late, in offerin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gs of the types ind  |
|                     | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | under ULOE.  e information requested for all securifering. Classify securities by type l  Type of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ities sold by the is<br>isted in Part C-Qu<br>Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ssuer, to ouestion 1.                                                                                                                                                                                                                                                   | late, in offerin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | gs of the types ind  |
| Furnish<br>expenses | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | e information requested for all securiffering. Classify securities by type I  Type of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ities sold by the is isted in Part C-Question Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Souer, to concession 1.  Dollar  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$ | Amount Sold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | gs of the types ind  |
| Furnish             | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | e information requested for all securifiering. Classify securities by type I  Type of  Type of  ance and distribution of the securities of the am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ities sold by the is isted in Part C-Question Security                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Souer, to concession 1.  Dollar  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$ | Amount Sold                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | gs of the types ind  |
| Furnish             | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | ander ULOE.  e information requested for all securifiering. Classify securities by type I  Type of  ance and distribution of the securities to future contingencies. If the ance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ities sold by the is isted in Part C-Question | Souer, to concession 1.  Dollar  S                                                                                                                                                                                                                                      | Amount Sold  Amounts relance amounts relance known, fur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | gs of the types ind  |
| Furnish             | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | ander ULOE.  e information requested for all securifiering. Classify securities by type I  Type of  ance and distribution of the securities to future contingencies. If the ance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ities sold by the is isted in Part C-Question | Souer, to concession 1.  Dollar  S                                                                                                                                                                                                                                      | Amount Sold  e amounts related the terms of | gs of the types ind  |
| Furnish             | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | e information requested for all securiffering. Classify securities by type I  Type of  Type of  ance and distribution of the securities of the ance and distribution o | es in this offering                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Souer, to concession 1.  Dollar  S                                                                                                                                                                                                                                      | Amount Sold  e amounts related the terms of | gs of the types ind  |
| Furnish             | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | e information requested for all securiffering. Classify securities by type I  Type of  Type of  ance and distribution of the securities of the ance and distribution of the securities of the ance and distribution of the ance and distribution of the ance anc | es in this offering tount of an expen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Souer, to concession 1.  Dollar  S                                                                                                                                                                                                                                      | Amount Sold  e amounts related the terms of | gs of the types ind  |
| Furnish expenses    | Answer also in Appendix, Column 4, if filing to filing is for an offering under Rule 504 or 505, enter the (12) months prior to the first sale of securities in this of Type of offering | e information requested for all securiffering. Classify securities by type I  Type of  Type of  earnce and distribution of the securities are to future contingencies. If the are                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | es in this offering tount of an expen                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Souer, to concession 1.  Dollar  S                                                                                                                                                                                                                                      | e amounts relanot known, fur                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | gs of the types ind  |

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

[X]

20,100

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

| b. | Enter the difference between the aggregate offering price given | in respon    | se to Part C - Qu | estion 1 and total | expenses furnished in respon | se to Part C - 0 | Question 4.a. |
|----|-----------------------------------------------------------------|--------------|-------------------|--------------------|------------------------------|------------------|---------------|
|    | This difference is the "adjusted gross proceeds to the Issuer." | <u>.\$</u> _ | 29,979,900        | *                  |                              |                  |               |

#### Assume maximum offering

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                |
| Purchase of real estate [X]                                                                                                                                 | \$ [X]                                        | \$ 28,238,459      |
| Purchase, rental or leasing and installation of machinery and equipment [X]                                                                                 | \$ [X]                                        | \$0                |
| Construction or leasing of plant buildings and facilities [X]                                                                                               | \$ [X]                                        | \$                 |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the pursuant to a merger) [X] | \$ [X]                                        | \$0                |
| Repayment of indebtedness [ X ]                                                                                                                             | \$ [X]                                        | \$0                |
| Working Capital                                                                                                                                             | \$ [X]                                        | \$ 993,927         |
| Other (specify) Formation & Organizational Expenses and Acquisition Fees [X]                                                                                | \$ <u>662,514</u> [X]                         | \$ 85,000          |
| Column Totals                                                                                                                                               | \$ 662,514 [X]                                | \$ 29,317,386      |
| Total Payments Listed (column totals added) [X]                                                                                                             | \$ 29,979,900                                 |                    |

## 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)  MP REALTY PARTNERS I, L.P.     | Signature Sames DMcKinney                                                                                                                                                    | Date JANUARY 28, 2005 |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| Name of Signer (Print or Type)  JAMES D. MCKINNEY, JR. | Title of Ciencer (Print or Type)  Authorized Officer of MP Realty Management, Inc. as general partner General Partner of MP Realty Partners I, L.P., on behalf of the Issuer |                       |

ATTENTION

 $Intentional\ misstate ments\ or\ omissions\ of\ fact\ constitute\ federal\ criminal\ violations.\ (See\ 18\ U.S.C.\ 1001)$ 

PHTRANS\423327\1

|   | CTC A | THE | SIGN   |              | merte. |     |
|---|-------|-----|--------|--------------|--------|-----|
| P | 3 I A |     | 211-11 | $\mathbf{A}$ |        | CP. |

| *1. | Is any party described in 17 CFR 230.262 presently subject to any of | Yes | No      |
|-----|----------------------------------------------------------------------|-----|---------|
|     | the disqualification provisions of such rule?                        | []  | [ ] N/A |
|     | 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.

\*The issuer does not deem itself bound by any condition or requirement that conflicts with the Federal National Securities Markets Improvement Act of 1996.

| Issuer (Print or Type)  MP REALTY PARTNERS I, L.P.     | Signature Sames AMcKenney                                                                                                                                  | Date JANUARY 28, 2005                 |
|--------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| Name of Signer (Print or Type)  JAMES D. MCKINNEY, JR. | Title of Signer (Print or Type)  Authorized Officer of MP Realty Management, Inc. as general particles of MP Realty Partners I, L.P., on behalf of the Iss | · · · · · · · · · · · · · · · · · · · |

## 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**

|           | APPENDIX                                                                 |    |                                                                                     |                                                                     |          |           |                                     |        |                                                                                                     |                                                  |
|-----------|--------------------------------------------------------------------------|----|-------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------|-----------|-------------------------------------|--------|-----------------------------------------------------------------------------------------------------|--------------------------------------------------|
| 1. ,      | 2. Intend to sell to non-accredited investors in State (Part B – Item 1) |    | 3. Type of security and aggregate offering price offered in state (Part C - Item 1) | 4. Type of investor and Amount purchased in State (Part C - Item 2) |          |           |                                     |        | 5. Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |                                                  |
| State     | Yes                                                                      | No | Limited Partnership<br>Interests                                                    | Number of<br>Accredited<br>Investors                                | <i>A</i> | Amount    | Number of Non- Accredited Investors | Amount | N/A<br>Yes                                                                                          | N/A<br>No                                        |
| AL        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           | Investors                           | s      |                                                                                                     | <del> </del>                                     |
| AK        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | s      | 1                                                                                                   |                                                  |
| AZ        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | S      |                                                                                                     |                                                  |
| AR        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     |                                                                                                     |                                                  |
| CA        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | S      |                                                                                                     |                                                  |
| CO        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     |                                                                                                     |                                                  |
| <u>CT</u> |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     |                                                                                                     |                                                  |
| DE        | ļ                                                                        |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     |                                                                                                     | 1                                                |
| DC        | <del>                                     </del>                         | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         | <u> </u>                            | \$     | <u> </u>                                                                                            |                                                  |
| FL        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     | -                                                                                                   | <del>                                     </del> |
| GA        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     | <del> </del>                                                                                        |                                                  |
| GU<br>HI  | -                                                                        |    | \$                                                                                  | <del> </del>                                                        | \$       |           | 1                                   | \$     | -                                                                                                   | +                                                |
| ID        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     |                                                                                                     |                                                  |
| IL IL     |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     | · <del> </del>                                                                                      | <del> </del>                                     |
| IN        |                                                                          |    | \$ 30,000,000                                                                       |                                                                     | \$       | <u> </u>  |                                     | \$     |                                                                                                     |                                                  |
| IA        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     | <del>  -:</del>                                                                                     | <del>                                     </del> |
| KS        |                                                                          |    | s                                                                                   | 1                                                                   | \$       |           |                                     | \$     | <del>                                     </del>                                                    |                                                  |
| KY        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     |                                                                                                     |                                                  |
| LA        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     | <b>†</b>                                                                                            | 1                                                |
| ME        |                                                                          |    | S                                                                                   |                                                                     | \$       |           |                                     | \$     |                                                                                                     |                                                  |
| MD        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     |                                                                                                     |                                                  |
| MA        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     |                                                                                                     |                                                  |
| Ml        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     | <u> </u>                                                                                            |                                                  |
| MN        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     |                                                                                                     |                                                  |
| MS        |                                                                          |    | <u> </u>                                                                            | ·                                                                   | <u> </u> |           | ļ                                   | \$     | <b></b>                                                                                             |                                                  |
| MO        | ļ                                                                        |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     | <del> </del>                                                                                        |                                                  |
| MT        |                                                                          |    | \$                                                                                  | -                                                                   | \$       |           |                                     | \$     | - <del> </del> -                                                                                    |                                                  |
| NE        | ļ                                                                        |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     | -                                                                                                   | +                                                |
| NV        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     | +                                                                                                   | <del></del>                                      |
| NH<br>NJ  |                                                                          |    | \$ 20,000,000                                                                       | 0                                                                   | \$<br>\$ | 0         |                                     | \$     |                                                                                                     | <del> </del>                                     |
| NM NM     | <del></del>                                                              | X  | \$ 30,000,000                                                                       |                                                                     | \$       |           | <del></del>                         | \$     | 1                                                                                                   | <del></del>                                      |
| NY        | ·                                                                        | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         | <del> </del>                        | \$     | 1                                                                                                   |                                                  |
| NC        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         | <del></del>                         | s      | <del>                                     </del>                                                    |                                                  |
| ND        |                                                                          |    | \$                                                                                  | †                                                                   | \$       |           |                                     | \$     | 1                                                                                                   | <b>T</b>                                         |
| ОН        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     | T.                                                                                                  |                                                  |
| OK        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     |                                                                                                     |                                                  |
| OR        |                                                                          |    | \$                                                                                  |                                                                     | \$_      | 211 VI W. |                                     | \$     |                                                                                                     |                                                  |
| PA        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         |                                     | \$     |                                                                                                     |                                                  |
| PR_       |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     |                                                                                                     |                                                  |
| RI        |                                                                          |    | \$                                                                                  |                                                                     | \$       |           |                                     | \$     | <u> </u>                                                                                            |                                                  |
| SC        | ļ                                                                        |    | \$                                                                                  | ļ                                                                   | \$       |           |                                     | \$     | <b></b>                                                                                             | <b></b>                                          |
| SD        |                                                                          |    | \$                                                                                  | -                                                                   | \$       |           |                                     | \$     | ļ <u>-</u>                                                                                          | +                                                |
| TN        |                                                                          |    | \$                                                                                  | -                                                                   | \$       |           | -                                   | \$     | +                                                                                                   | +                                                |
| TX        |                                                                          | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         | <del> </del>                        | \$     | <del> </del>                                                                                        | +                                                |
| UT<br>VT  | <del> </del>                                                             |    | \$                                                                                  | +                                                                   | \$       |           | -                                   | \$     | <del> </del>                                                                                        | -                                                |
| VA        | <del> </del>                                                             | X  | \$ 30,000,000                                                                       | 0                                                                   | \$       | 0         | -                                   | \$     | +                                                                                                   | <del> </del>                                     |
| WA        |                                                                          |    | \$ 30,000,000                                                                       |                                                                     | \$       | U         | <del> </del>                        | S      | +                                                                                                   | <del> </del>                                     |
| WV        | <del> </del>                                                             |    | S                                                                                   | <del>                                     </del>                    | \$       |           |                                     | \$     | +:                                                                                                  | 1                                                |
| WI        |                                                                          |    | \$                                                                                  | <del> </del>                                                        | \$       |           |                                     | \$     | 1                                                                                                   |                                                  |
| WY        | <u> </u>                                                                 |    | s                                                                                   | 1                                                                   | S        |           |                                     | \$     | T                                                                                                   | T                                                |
| Foreign   |                                                                          |    | S                                                                                   |                                                                     | \$       |           | 1                                   | \$     | 1                                                                                                   |                                                  |