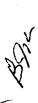
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2	∮ <u>↓</u>	1	OMB APPROVAL
Control of the Contro	[
FORM D			
	NITED STATES	PROCES	MB Number: 3235-0076
	D EXCHANGE COMMIS	SSION	Expires: April 30, 2008
Was was	hington, D.C. 20549	2 DEC 15 20	Estimated average burden Burs per response 16.00
NOV 2 2 2006	FORM D	THOMSON	Dear Tesponse 10.00
NOTICE OF	SALE OF SECURI	TIESFINANCIAL	SEC USE ONLY
A STATE OF THE ANTI-	TO REGULATIO	N D	Prefix Serial
	ON 4(6), AND/OR	, , , , , , , , , , , , , , , , , , ,	
	ED OFFERING EX	EMPTION	DATE RECEIVED
	ED OFFERING EX	EMITION	
Name of Offering (check if this is an amendment and n	ame has changed, and indic-	ate change)	
Tishman Speyer India Fund, L.P.	<u></u>		
Filing Under (Check box(es) that apply): Rule 504 Type of Filing: New Filing Amendment	Rule 505 🖾 Rule 506 🗌	Section 4(6) LILO	Ê
3 t 22 A. BA	ASIC IDENTIFICATION	DATA	Dit sens sun all
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name the check if this is an amendment and name the check if this is an amendment and name the check if this is an amendment and name the check if this is an amendment and name the check if this is an amendment and name the check if the check if the check is an amendment and name the check is a check if the check is a check if the check is an amendment and name the check is a check if the check is a check is a check if the check is a check is a check if the check is a check	is has abound and indicate	who are him and the second	
Tishman Speyer India Fund, L.P.	te has changed, and indicate	change.)	
	reet, City, State, Zip Code)	Telephone Nul	06064050
c/o M &C Corporate Services Limited, P.O. Box 309GT, I Church Street, George Town, Grand Cayman	Ugland House, South		3004030
Address of Principal Business Operations (Number and S	treet, City, State, Zip Code)	Telephone Number (Inc	cluding Area Code)
(if different from Executive Offices)]		-
Brief Description of Business: To acquire, develop, redev	elop and operate hotel, ret: 	ail, residential and mixe	ed-use real estate assets located in
Type of Business Organization	<u> </u>		
☐ corporation limited partners business trust limited partners limited partners	ip, already formed hip, to be formed	Cayman Islands ex	other (please specify): empted limited partnership
	Month Year		
Jurisdiction of Incorporation or Organization: (Enter two-let) [Actual 🔲 Estire Eviation for State:	nateu
CN for Cana	da; FN for other foreign juri	sdiction)	FN
GENERAL INSTRUCTIONS			
Who Must File: All issuers making an offering of securit et seq. or 15 U.S.C. 77d(6).	 ies in reliance on an exemp 	otion under Regulation I	O or Section 4(6), 17 CFR 230.501
When to File. A notice must be filed no later than 15 days	after the first sale of securi	ities in the offering. A n	entice is deemed filed with the U.S.
Securities and Exchange Commission (SEC) on the earlier	of the date it is received by	y 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 m Where to File: U.S. Securities and Exchange Commission,	1		mat address.
Copies Required: Five (5) copies of this notice must be f	ſ	-	signed. Any copies not manually
signed must be photocopies of the manually signed copy or t	ear typed or printed signatu	res.	
Information Required: A new filing must contain all inform changes thereto, the information requested in Part C, and are	ation requested. Amendme	nts need only report the re information previously	name of the issuer and offering, any
and the Appendix need not be filed with the SEC.		,,	:
Filing Fee: There is no federal filing fee.	} 		•
State:			. 1
This notice shall be used to indicate reliance on the Unifihave adopted ULOE and that have adopted this form. Iss	orm Limited Offering Exe- luers relying on ULOE mu	mption (ULOE) for sale st file a separate notice	es of securities in those states that 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 i	precondition to the claim for the
exemption, a fee in the proper amount shall accompany the law. The Appendix to the notice constitutes a part of this	its form. This notice shall	be filed in the appropria	ate states in accordance with state
	ATTENTION	orog.	
Failure to file notice in the appropriate states v	vill not result in a loss	of the federal exer	nption. Conversely, failure
to file the appropriate federal notice will not res	sult in a loss of an ava	ilable state exempt	tion unless such exemption

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is predicated on the filing of a federal notice.

SEC 1972 (6/02) 1 of 5



A. BASIC IDENTIFICATION DATA
 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(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General Partner
Full Name (Last name first, if individual) Tishman Speyer India Associates, LLC
Business or Residence Address (Number and Street, City, State, Zip Code) 45 Rockefeller Plaza, 7th Floor, New York, New York 10111
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General Partner Of General Partner
Full Name (Last name first, if individual) Paul Galiano
Business or Residence Address (Number and Street, City, State, Zip Code) 45 Rockefeller Plaza, 7th Floor, New York, New York 10111
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Partner
Full Name (Last name first, if individual) Tishman Speyer (EXE) India Feeder, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 45 Rockefeller Plaza, 7th Floor, New York, New York 10111
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Partner Full Name (Last name first, if individual) Tishman Speyer (IND) India Feeder, L.P.
Business or Residence Address (Number and Street, City, State, Zip Code) 45 Rockefeller Plaza, 7th Floor, New York, New York 10111
Check Box(es) that Apply: Promoter Owner Beneficial Owner Executive Officer Director Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Owner Beneficial Owner Executive Officer Director Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)

B. INFORMATION ABOUT OFFERING		
	Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?		\boxtimes
Answer also in Appendix, Column 2. if filing under ULOE.		
2. What is the minimum investment that will be accepted from any individual?	<u>\$5,000</u>	'000 ,
* Subject to the discretion of the General Partner to accept lesser amounts.	.,	N7
	Yes	No □
3. Does the offering permit joint ownership of a single unit?	<u>L</u>	ш
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly	v anv	
4. Enter the information requested for each person who has been of whit be paid of given, directly of indirectly commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offer	ing. If	
a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a si	tate or	
states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of	such a	
broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Läst name first, if individual)		
, , , , , , , , , , , , , , , , , , ,		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		All States
Full Name (Last name first, if individual)		
		···· <u> </u>
Business or Residence Address (Number and Street, City, State, Zip Code)		
		• ,
Name of Associated Broker or Dealer		
Traine of Associated States of the States of		
		 .
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)		
(Check "All States" or check individual States)		C All States
Full Name (Last name first, if individual)	•	
Business or Residence Address (Number and Street, City, State, Zip Code)		
Business of Residence Address (Number and Silect, City, State, 219 Code)		
Name of Associated Broker or Dealer		
Addition of Associated Broker of Business		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)	****************	All States
	•	
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)		
* Placement Fees will be borne by the General Partner		

1.	Enter "0" if answer is "	none" or "zero." If the transaction is a	offering and the total amount already sold. n exchange offering, check this box and fered for exchange and already exchanged.			
	Type of Security			Aggregate Offering Price	;	Amount Already Sold
	Debt			<u>\$</u> _		<u>\$</u> _
	Equity			\$		\$ _
		☐ Common ☐ Prefer	тесі	_		_
	Convertible Securiti	es (including warrants)		<u>\$</u>		<u>\$</u> _
	Partnership Interests	3		\$300,000,000		<u>\$155,500,000</u>
						\$
				\$300,000,000		<u>\$155,500,000</u>
	Air	swer also in Appendix, Column 3, if fi	iling under ULOE.			
2.	offering and the aggregation number of persons who	ate dollar amounts of their purchases.	rs who have purchased securities in this For offerings under Rule 504, indicate the regate dollar amount of their purchases on			•
	.1			Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	***************************************		_2		\$155,500,000
						<u></u>
		ings under Rule 504 only)swer also in Appendix, Column 4, if fi	ling under ULOE.			
3.	If this filing is for an of sold by the issuer, to dat	fering under Rule 504 or 505, enter t	he information requested for all securities in the twelve (12) months prior to the first			1
	Type of offering			Type of Security		Dollar Amount Sold
	Rule 505		,			
	Regulation A			<u> </u>		
	Rule 504	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	, t	· .				
4.	 a. Furnish a statement of this offering. Exclude a may be given as subject 	f all expenses in connection with the is imounts relating solely to organization	suance and distribution of the securities in n expenses of the issuer. The information of an expenditure is not known, furnish an			
	Transfer Agent's Fee	2S		***********		<u>\$</u>
					П	<u>\$</u>
						<u>\$</u>
	1 ::					<u>v.</u> . <u>\$</u>
						* <u>\$</u>
		!	***************************************			<u>\$</u>
		•	gal and accounting expense		Ŭ.	\$_2,000,000
			gar and accounting expense		_	
	rotai 4					<u>\$ 2,000,000</u>
		,				
	. ļ - ŋ					
	Person	s who respond to the collection of	information contained in			

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

. . . .

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

	C. OFFERING PRICE	NUMBE	R OF INVESTORS, EXPENSES AND	USE (OF PROCEEDS		
	b. Enter the difference between the aggregate of and total expenses furnished in response to Part C proceeds to the issuer."	- Questio	n 4.a. This difference is the "adjusted g	ross			\$298,000,000
5.	Indicate below the amount of the adjusted gross proceeding purposes shown. If the amount for any purpose is left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above.	s not know	n, furnish an estimate and check the box to	the .			
	Total III tooponio io i mi e Queenin in accioni				Payments to		
	h h				Officers,		D
					Directors, & Affiliates		Payments to Others
					Attitudes	,	Officis
	Salaries and fees			⊔ <u>\$</u>			
	Purchase of real estate and interests in real esta	ate		□ <u>\$</u>		\boxtimes	\$298,000,000
	Purchase, rental or leasing and installation of r	nachinerv	and equipment	□ s			\$
	Construction or leasing of plant buildings and						\$
	Acquisition of other business (including the va			<u> </u>		-	Ψ_
	offering that may be used in exchange for the						
	issuer pursuant to a merger)			□ \$			\$
						П	
	Repayment of indebtedness			□ <u>\$</u>		Ш	<u>\$</u>
	Working capital	• . • • • • • • • • • • • • • • • • • •		□ <u>\$</u>			<u>\$</u>
	Other (specify):			□ <u>\$</u>			\$
	Column Totals			□ ¢		×	\$298,000,000
				டு	-		<u> </u>
	Total Payments Listed (column totals added)		***************************************		\$298,00	00,00)
							
		D. Fl	EDERAL SIGNATURE				
sis	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accredi	urnish'to I	he U.S. Securities and Exchange Comm	nission.	filed under Rule upon written requ	505, to	he following its staff, the
l s	uer (Print or Type)	Signature		L	C Date		
	shman Speyer India Fund, L.P.				October 14	, 200	6
_	ume of Signer (Print or Type)						
	2 1 6 1. See	Evecutiv	a Officer of General Partner				