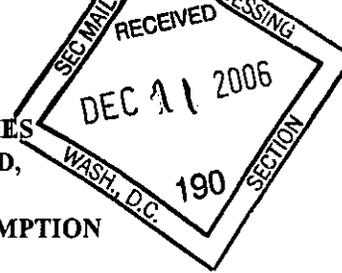


PROCESSED

FORM D



Estimated average burden hours per response . . . 16.00

DEC 29 2006

THOMSON FINANCIAL

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

SEC USE ONLY table with Prefix, Serial, and DATE RECEIVED fields.

Name of Offering (Ordinary Shares), Filing Under (Rule 504, 505, 506, Section 4(6), ULOE), Type of Filing (New Filing, Amendment)

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer. Name of Issuer (Threadneedle Global Crescendo Fund Limited), Address of Executive Offices, Address of Principal Business Operations, Brief Description of Business (Private Investment Fund)



Type of Business Organization (Exempted Company), Actual or Estimated Date of Incorporated or Organization (Month 04, Year 2004), Jurisdiction of Incorporation or Organization (CN for Canada; FN for other foreign jurisdiction)

GENERAL INSTRUCTIONS

Federal: Who Must File, When to File, Where to File, Copies Required, Information Required, Filing Fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form.

ATTENTION Failure to file notice in the appropriate states will not result in a loss of 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.

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.

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:	<input checked="" type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name	(Last Name first, if individual) <b>Threadneedle Asset Management Limited</b>			
Business or Residence Address	(Number and Street, City, State, Zip Code) <b>60 St Mary Axe, London EC3A 8JQ United Kingdom</b>			
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name	(Last Name first, if individual) <b>Austin, Michael</b>			
Business or Residence Address	(Number and Street, City, State, Zip Code) <b>Ugland House, South Church Street, George Town, Grand Cayman, Cayman Islands, BWI</b>			
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name	(Last Name first, if individual) <b>Gresier, Lorin</b>			
Business or Residence Address	(Number and Street, City, State, Zip Code) <b>60 St Mary Axe, London EC3A 8JQ United Kingdom</b>			
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name	(Last Name first, if individual) <b>Litton, David</b>			
Business or Residence Address	(Number and Street, City, State, Zip Code) <b>15 St George's Street, Douglas, Isle of Man IM1 1AJ</b>			
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name	(Last Name first, if individual) <b>Shubotham, David</b>			
Business or Residence Address	(Number and Street, City, State, Zip Code) <b>12 Merrion Square, Dublin 2, Ireland</b>			
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name	(Last Name first, if individual) <b>Taylor, Michael</b>			
Business or Residence Address	(Number and Street, City, State, Zip Code) <b>60 St Mary Axe, London EC3A 8JQ</b>			
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name	(Last Name first, if individual) <b>Erste Bank der Osterreichischen Sparkasse AG</b>			
Business or Residence Address	(Number and Street, City, State, Zip Code) <b>Boerseplasse 14, 1010 Vienna Austria</b>			
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input checked="" type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input type="checkbox"/> Director
	<input type="checkbox"/> General and/or Managing Partner			
Full Name	(Last Name first, if individual) <b>Kresssparkasse Koln</b>			
Business or Residence Address	(Number and Street, City, State, Zip Code) <b>Neumarkt 18-24, 50667 Koeln, Germany</b>			

General and/or Managing Partner

Full Name

(Last Name first, if individual)

**UBS (Luxembourg) SA**

Business or Residence Address

(Number and Street, City, State, Zip Code)

**36-38 Grand Rue, L-1660 Luxembourg**

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

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?

Answer also in Appendix, Column 2, if filing under ULOE.

2. What is the minimum investment that will be accepted from any individual? ..... \$ 250,000 (Subject to the manager's discretion to reduce the minimum to \$100,000)

Yes  No

3. Does the offering permit joint ownership of a single unit? .....

4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state 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 (Last name first, if individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States).....  All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States).....  All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

Full Name (Last name first, if individual)

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

Name of Associated Broker or Dealer

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States).....  All States

- [AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [ID] [IL] [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI] [MN] [MS] [MO] [MT] [NE] [NV] [NH] [NJ] [NM] [NY] [NC] [ND] [OH] [OK] [OR] [PA] [RI] [SC] [SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] [WY] [PR]

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

the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box  and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt.....	\$ 0	\$ 0
* Equity.....	\$ 100,000,000,000	\$0
<input checked="" type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ 0	\$ 0
Partnership Interests.....	\$ 0	\$ 0
Other (Specify:        ).....	\$ 0	\$ 0
Total.....	\$ 100,000,000,000	\$ 0

Answer also in Appendix, Column 3, if filing under ULOE.

\* This Form D reports offers and sales in the US only. Dollars sold based on the exchange rate in effect on 1/1

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors.....	24	\$0
Non-accredited Investors.....	0	\$0
Total (for filings under Rule 504 only).....	N/A	N/A

Answer also in Appendix, Column 4, if filing under ULOE

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.

Type of Offering	Type of Security	Dollar Amount Sold
Rule 505.....		\$
Regulation A.....		\$
Rule 504.....		\$
Total.....		\$

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees.....	<input type="checkbox"/> \$ -
Printing and Engraving Costs.....	<input checked="" type="checkbox"/> \$5,000
Legal Fees.....	<input checked="" type="checkbox"/> \$10,000
Accounting Fees.....	<input checked="" type="checkbox"/> \$10,000
Engineering Fees.....	<input type="checkbox"/> \$ -
Sales Commissions (specify finders' fees separately).....	<input type="checkbox"/> \$ -
Other Expenses (identify) Blue Sky Filing Fees.....	<input checked="" type="checkbox"/> \$5,000
Total.....	<input checked="" type="checkbox"/> \$30,000

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

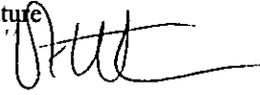
\$ 99,999,970,000

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.

	Payments to Officers, Directors & Affiliates	Payments to Others
Salaries and fees.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase of real estate.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Acquisition of other business (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger).....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Working capital.....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Other (specify): <u>Investing in the Threadneedle Global Crescendo Master Fund Limited</u> .....	<input checked="" type="checkbox"/> \$ <u>99,999,970,000</u>	<input type="checkbox"/> \$ _____
Column Totals.....	<input checked="" type="checkbox"/> \$ <u>99,999,970,000</u>	<input type="checkbox"/> \$ _____
Total Payments Listed (column totals added).....	<input checked="" type="checkbox"/> \$ <u>99,999,970,000</u>	

**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) <b>Threadneedle Global Crescendo Fund Limited</b>	Signature 	Date <b>22 NOVEMBER 2006</b>
Name of Signer (Print or Type) <b>DAVID SHUBOTHAM</b>	Title of Signer (Print or Type) <b>DIRECTOR</b>	

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