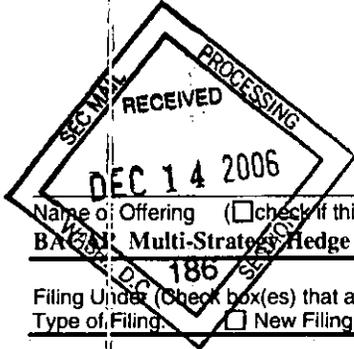


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| OMB APPROVAL | |
|--------------------------|----------------|
| OMB Number: | 3235-0076 |
| Expires: | April 30, 2008 |
| Estimated average burden | |
| Hours per response | 16.00 |
| SEC USE ONLY | |
| Prefix | Serial |
| Date Received | |



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

Name of Offering (check if this is an amendment and name has changed, and indicate change.)
BACAP Multi-Strategy Hedge Fund, Ltd.

Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 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 (check if this is an amendment and name has changed, and indicate change.)
BACAP Multi-Strategy Hedge Fund, Ltd.

Address of Executive Offices (Number and Street, City, State, Zip Code)
c/o Maples and Calder, P.O. Box 309, Uglund House, South Church Street, Grand Cayman, Cayman Islands

Telephone Number (Including Area Code)
345-949-8066

Address of Principal Business Operations (if different from Executive Offices)
**40 West 57th Street
 New York, NY 10019**

Telephone Number (Including Area Code)
646-313-8890

Brief Description of Business
Investment Fund

Type of Organization
 corporation limited partnership, already formed other (please specify): **exempted company incorporated under the laws of the Cayman Islands**
 business trust limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: Month **1** Year **1** Actual Estimate

Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada; FN for other foreign jurisdiction) **F N**

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 DFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commissions (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 which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information request 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



PROCESSED
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A. Basic Identification Data

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
- Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Cheng, Allen

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

40 West 57th Street; New York, NY 10019.

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

McNamara, Daniel S.

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

100 Federal Street; Boston, MA 02110

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Hohmann, David

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

100 Federal Street; Boston, MA 02110

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner

Full Name (Last name first, if individual)

Quinn, Nichole

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

100 Federal Street; Boston, MA 02110

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

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

B. Information About Offering

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Yes No
 Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual? \$ 500,000*
 *Minimum may be waived or reduced at the discretion of the Board of Directors
3. Does the offering permit joint ownership of a single unit? Yes No
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)
Bank of America Corporate Center, 101 South Tryon Street; Charlotte, NC 28255

Name of Associated Broker or Dealer
Bank of America, N.A. (No commissions will be paid. Exempt from registration as Broker Dealer)

(Check "All States" or check individual States All

States

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| <input checked="" type="checkbox"/> IL | <input checked="" type="checkbox"/> IN | <input checked="" type="checkbox"/> IA | <input type="checkbox"/> KS | <input checked="" type="checkbox"/> KY | <input checked="" type="checkbox"/> LA | <input type="checkbox"/> ME | <input checked="" type="checkbox"/> MD | <input checked="" type="checkbox"/> MA | <input checked="" type="checkbox"/> MI | <input checked="" type="checkbox"/> MN | <input checked="" type="checkbox"/> MS | <input checked="" type="checkbox"/> MO |
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Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)
One Financial Center; Boston, MA 02111

Name of Associated Broker or Dealer
Columbia Management Distributors, Inc. (This entity will not receive any commissions or similar remuneration, but may be paid fees for shareholder servicing activities.)

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

States

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Business or Residence Address (Number and Street, City, State, Zip Code)
Banc of America Securities, LLC (This entity will not receive any commissions or similar remuneration, but may be paid fees for shareholder servicing activities.)

Name of Associated Broker or Dealer
9 West 57th Street; New York, NY 10019

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

States

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| <input type="checkbox"/> AL | <input type="checkbox"/> AK | <input type="checkbox"/> AZ | <input type="checkbox"/> AR | <input type="checkbox"/> CA | <input type="checkbox"/> CO | <input type="checkbox"/> CT | <input type="checkbox"/> DE | <input type="checkbox"/> DC | <input type="checkbox"/> FL | <input type="checkbox"/> GA | <input type="checkbox"/> HI | <input type="checkbox"/> ID |
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Full Name (Last name first, if individual)

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

101 South Tryon Street; Charlotte, NC 28255

Name of Associated Broker or Dealer

Banc of America Investment Services, Inc. (This entity will not receive any commissions or similar remuneration, but may be paid fees for shareholder servicing activities.)

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers)

(Check "All States" or check individual States All

States

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| <input type="checkbox"/> RI | <input type="checkbox"/> SC | <input type="checkbox"/> SD | <input type="checkbox"/> TN | <input type="checkbox"/> TX | <input type="checkbox"/> UT | <input type="checkbox"/> VT | <input type="checkbox"/> VA | <input type="checkbox"/> WA | <input type="checkbox"/> WV | <input type="checkbox"/> WI | <input type="checkbox"/> WY | <input type="checkbox"/> PR |

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

5. Indicate below the amount of the adjusted gross proceed 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"/> \$ <u>0</u> | \$ <u>0</u> |
| Purchase of real estate | <input type="checkbox"/> \$ <u>0</u> | \$ <u>0</u> |
| Purchase, rental or leasing and installation of machinery and equipment | <input type="checkbox"/> \$ <u>0</u> | \$ <u>0</u> |
| Construction or leasing of plant buildings and facilities | <input type="checkbox"/> \$ <u>0</u> | \$ <u>0</u> |
| Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger) | <input type="checkbox"/> \$ <u>0</u> | \$ <u>0</u> |
| Repayment of indebtedness | <input type="checkbox"/> \$ <u>0</u> | \$ <u>0</u> |
| Working capital | <input type="checkbox"/> \$ <u>0</u> | \$ <u>0</u> |
| Other (specify): Investments | <input type="checkbox"/> \$ <u>0</u> | \$ <u>unlimited</u> |
| Column Totals | <input type="checkbox"/> \$ <u>0</u> | \$ <u>unlimited</u> |
| Total Payments Listed (column totals added) | <input type="checkbox"/> \$ <u>unlimited</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) BACAP Multi-Strategy Hedge Fund, Ltd. | Signature <i>David Hohmann</i> | Date December 8, 2006 |
| Name of Signer (Print or Type) David Hohmann | Title of Signer (Print or Type) Director of the Issuer | |

ATTENTION

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

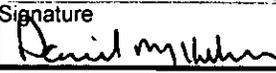
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person

| | | |
|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--------------------------|
| Issuer (Print or Type) BACAP Multi-Strategy Hedge Fund, Ltd. | Signature  | Date December 8, 2006 |
| Name of Signer (Print or Type) David Hohmann | Title of Signer (Print or Type) Director of the Issuer | |

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.

| 1 | 2 | | 3 | 4 | | | | 5 | |
|-------|---------------------------------------------------------------------|----|-----------------|--------------------------------------------------------------------------------|----------------------------------------------------------------|------------------------------------|--------|-----|--------------------------------------------------------------------------------------------------|
| | Intend to sell to non-accredited investors in State (Part B-Item 1) | | | Type of security and aggregate offering price offered in state (Part C-Item 1) | Type of investor and amount purchased in State (Part C-Item 2) | | | | Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1) |
| State | Yes | No | Ordinary Shares | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No |
| AL | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| AK | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| AZ | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| AR | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| CA | | x | Unlimited | 20 | 21,714,828.83 | 0 | 0 | | X |
| CO | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| CT | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| DE | | x | Unlimited | 1 | 1,700,000.00 | 0 | 0 | | X |
| DC | | x | Unlimited | 4 | 8,450,000.00 | 0 | 0 | | X |
| FL | | x | Unlimited | 29 | 53,174,899.67 | 0 | 0 | | X |
| GA | | x | Unlimited | 6 | 4,500,000.00 | 0 | 0 | | X |
| HI | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| ID | | | | | | | | | |
| IL | | x | Unlimited | 5 | 12,100,000.00 | 0 | 0 | | X |
| IN | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| IA | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| KS | | | | | | | | | |
| KY | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| LA | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| ME | | | | | | | | | |
| MD | | x | Unlimited | 3 | 4,865,000.00 | 0 | 0 | | X |
| MA | | x | Unlimited | 1 | 975,000.00 | 0 | 0 | | X |
| MI | | x | Unlimited | 1 | 675,000.00 | 0 | 0 | | X |
| MN | | x | Unlimited | 0 | 0.00 | 0 | 0 | | x |
| MS | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |

| | | | | | | | | | |
|----|--|---|--------------|---|--------------|---|---|--|---|
| MO | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| MT | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| NE | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| NV | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| NH | | x | Unlimited | 3 | 3,200,000.00 | 0 | 0 | | X |
| NJ | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| NM | | | | | | | | | |
| NY | | x | Unlimited | 1 | 500,000.00 | 0 | 0 | | X |
| NC | | x | Unlimited | 2 | 2,500,000.00 | 0 | 0 | | X |
| ND | | | | | | | | | |
| OH | | x | Unlimited | 1 | 715,000.00 | 0 | 0 | | X |
| OK | | | | | | | | | |
| OR | | x | 1,000,000.00 | 0 | 0.00 | 0 | 0 | | X |
| PA | | x | Unlimited | 2 | 1,000,000.00 | 0 | 0 | | X |
| RI | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| SC | | | | | | | | | |
| SD | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| TN | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| TX | | | | | | | | | |
| UT | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| VT | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| VA | | | | | | | | | |
| WA | | x | Unlimited | 1 | 5,000,000.00 | 0 | 0 | | X |
| WV | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |
| WI | | | | | | | | | |
| WY | | | | | | | | | |
| PR | | x | Unlimited | 0 | 0.00 | 0 | 0 | | X |