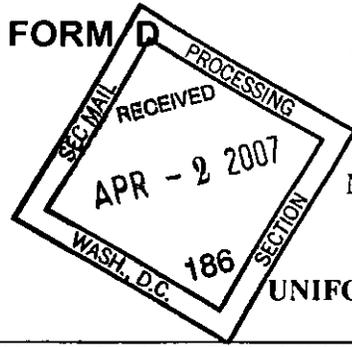


1396306



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

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

OMB APPROVAL table with OMB Number, Expires, and Estimated average burden.

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

Name of Offering (check if this is an amendment and name has changed, and indicate change.)

Offering of Limited Partnership Interests

Filing Under (Check box(es) that apply): Rule 504, Rule 505, Rule 506, Section 4(6), ULOE

Type of Filing: New Filing, Amendment

PROCESSED stamp

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.)

Morgan Stanley Cash Plus Fund LP

Address of Executive Offices (Number and Street, City, State, Zip Code)

1221 Avenue of the Americas, New York, NY 10020

Telephone Number (Including Area Code) (212) 762-7400

APR 13 2007 THOMSON FINANCIAL stamp

Address of Principal Business Operations (if different from Executive Offices)

Telephone Number (Including Area Code)

Brief Description of Business

Fund that invests primarily in liquid high quality short-term instruments.



07050767

Type of Business Organization

- corporation, limited partnership, already formed, other, business trust, limited partnership, to be formed

Actual or Estimated Date of Incorporation or Organization: 07/06 Actual

Jurisdiction of Incorporation or Organization: CN for Canada; FN for other foreign jurisdiction

DE box

GENERAL INSTRUCTIONS

Federal:

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

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering.

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.

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.

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.

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

Handwritten initials

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) MSGFI Management Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
1221 Avenue of the Americas, New York, NY 10020

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

Full Name (Last name first, if individual) Morgan Stanley Investment Management Inc.

Business or Residence Address (Number and Street, City, State, Zip Code)
1221 Avenue of the Americas, New York, NY 10020

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

Full Name (Last name first, if individual) James W. Garrett

Business or Residence Address (Number and Street, City, State, Zip Code)
Harborside Plaza II, 7th Floor, Jersey City, NJ 07311

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

Full Name (Last name first, if individual) J. David Germany

Business or Residence Address (Number and Street, City, State, Zip Code)
20 Bank Street, Canary Wharf, London E14 4AD, GBR

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

Full Name (Last name first, if individual) Ronald E. Robison

Business or Residence Address (Number and Street, City, State, Zip Code)
1221 Avenue of the Americas, New York, NY 10020

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

Full Name (Last name first, if individual) Elliot Tannenbaum

Business or Residence Address (Number and Street, City, State, Zip Code)
1633 Broadway, 25th Floor, New York, NY 10019

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

Full Name (Last name first, if individual) Stephen Atkins

Business or Residence Address (Number and Street, City, State, Zip Code)
Harborside Plaza II, 7th Floor, Jersey City, NJ 07311

Supplemental Page

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

Full Name (Last name first, if individual) Ramalingam Ganesh

Business or Residence Address (Number and Street, City, State, Zip Code)
Harborside Plaza II, 7th Floor, Jersey City, NJ 07311

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

Full Name (Last name first, if individual) Martin M. Cohen

Business or Residence Address (Number and Street, City, State, Zip Code)
1633 Broadway, New York, NY 10019

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

Full Name (Last name first, if individual) Walter E. Rein

Business or Residence Address (Number and Street, City, State, Zip Code)
17 West 110 22nd Street, 4th Floor, Oakbrook Terrace, IL 60181

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

Full Name (Last name first, if individual) Bruce R. Sandberg

Business or Residence Address (Number and Street, City, State, Zip Code)
1633 Broadway, 25th Floor, New York, NY 10019

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

Full Name (Last name first, if individual) Eric J. Marmoll

Business or Residence Address (Number and Street, City, State, Zip Code)
17 West 110 22nd Street, 4th Floor, Oakbrook Terrace, IL 60181

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

Full Name (Last name first, if individual) Jacqueline Brody

Business or Residence Address (Number and Street, City, State, Zip Code)
750 Seventh Avenue, New York, NY 10019

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 filling under ULOE.

2. What is the minimum investment that will be accepted from any individual?..... \$25,000,000*
*The minimum investment is subject to the sole discretion of the general partner of the fund to accept lesser or require greater amounts.

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)

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]

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

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if 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	\$0	\$0
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$0	\$0
Partnership Interests	\$500,000,000*	\$100,000,000
Other (Specify _____)	\$0	\$0
Total.....	\$500,000,000	\$100,000,000

*This is expected to be the maximum size of the issuer.
 Answer also in Appendix, Column 3, if filing under ULOE.

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

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	<u>3</u>	\$100,000,000
Non-accredited Investors	<u>0</u>	\$0
Total (for filings under Rule 504 only).....	_____	\$ _____

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"/> \$ 0
Printing and Engraving Costs	<input type="checkbox"/> \$ 0
Legal Fees	<input checked="" type="checkbox"/> \$107,000
Accounting Fees	<input type="checkbox"/> \$0
Engineering Fees	<input type="checkbox"/> \$ 0
Sales Commissions (specify finders' fees separately)	<input type="checkbox"/> \$ 0
Other Expenses (identify)	<input type="checkbox"/> \$ 0
Total	<input checked="" type="checkbox"/> \$107,000

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

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." \$499,893,000

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 checked="" type="checkbox"/> \$800,000*	<input type="checkbox"/> \$0
Purchase of real estate.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
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"/> \$0	<input type="checkbox"/> \$0
Repayment of indebtedness.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Working capital.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Other (specify): <u>Investments in Securities</u>	<input type="checkbox"/> \$0	<input checked="" type="checkbox"/> \$499,093,000
.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
.....	<input type="checkbox"/> \$0	<input type="checkbox"/> \$0
Column Totals.....	<input checked="" type="checkbox"/> \$800,000	<input checked="" type="checkbox"/> \$499,093,000
Total Payments Listed (column totals added).....		<input checked="" type="checkbox"/> \$499,893,000

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) Morgan Stanley Cash Plus Fund LP	Signature 	Date ²⁹ March, 2007
Name of Signer (Print or Type) Ramalingam Ganesh	Title of Signer (Print or Type) Executive Director of MSGFI Management Inc., the General Partner of the issuer	

*Estimate of the management fee for one year (which is accrued monthly and paid quarterly) that would be payable to Morgan Stanley Investment Management Inc., the adviser to the issuer, calculated at an annual rate of 0.16% of each capital account of an investor, assuming investments in the amount of the Aggregate Offering Price.

ATTENTION

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

E. STATE SIGNATURE

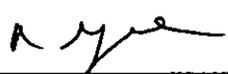
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No

See Appendix, Column 5, for state response.

Not applicable

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. Not applicable
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable
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. Not applicable

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) Morgan Stanley Cash Plus Fund LP	Signature 	Date <u>29</u> March, 2007
Name of Signer (Print or Type) <u>Ramalingam Ganesh</u>	Title of Signer (Print or Type) Executive Director of MSGFI Management Inc., the General Partner 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.

APPENDIX

1 State	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)	
	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
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		✓	Partnership Interests/\$500,000,000	1	\$50,000,000	0		N/A	N/A
NH									
NJ									
NM									
NY		✓	Partnership Interests/\$500,000,000	2	\$50,000,000	0		N/A	N/A
NC									
ND									
OH									
OK									
OR									
PA									
RI									
SC									
SD									
TN									
TX									
UT									
VT									
VA									
WA									
WV									
WI									
WY									
PR									

END