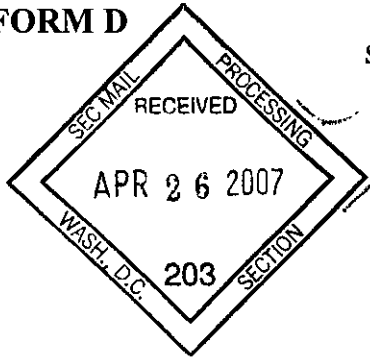


1395889

FORM D



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 OMB Number: 3235-0076 Expires: April 30, 2008 Estimated average burden hours per response 16.00

SEC USE ONLY Prefix Serial DATE RECEIVED

Name of Offering () check if this is an amendment and name has changed, and indicate change.) 8.5% Secured Promissory Notes 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.) IPofA 5201 Lender, LLC Address of Executive Offices (Number and Street, City, State, Zip Code) 10800 Midlothian Turnpike, Suite 309, Richmond, VA 23235 Telephone (804) 594-3550 Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code) Brief Description of Business: Holds commercial real estate loan secured by certain real estate



07052347

Type of Business Organization () corporation () limited partnership, already formed () business trust () limited partnership, to be formed (X) other (please specify): Single-member limited liability company

Actual or Estimated Date of Incorporation or Organization: Month 0 5 Year 0 6 (X) Actual () Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: D E) CN for Canada: FN for other foreign jurisdiction

PROCESSED MAY 1 2007 THOMSON FINANCIAL

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. 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.

Potential persons who are to 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.

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)

Investment Properties of America, LLC

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

10800 Midlothian Turnpike, Suite 309, Richmond, VA 23235

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

Full Name (Last name first, if individual)

IPofA Fund Manager, LLC

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

10800 Midlothian Turnpike, Suite 309, Richmond, VA 23235

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)

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)

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)

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)

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)

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?..... **\$ 25,000**
 (Issuer reserves the right to sell fractional units) Yes No

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)
DeWaay, Donald

Business or Residence Address (Number and Street, City, State, Zip Code)
13001 University Avenue, Clive, Iowa 50235

Name of Associated Broker or Dealer
DeWaay Financial Network

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

(Check "All States" or check individual States).....

All States

<input checked="" type="checkbox"/> [AL]	<input checked="" type="checkbox"/> [AK]	<input checked="" type="checkbox"/> [AZ]	<input checked="" type="checkbox"/> [AR]	<input checked="" type="checkbox"/> [CA]	<input checked="" type="checkbox"/> [CO]	<input checked="" type="checkbox"/> [CT]	[DE]	<input checked="" type="checkbox"/> [DC]	<input checked="" type="checkbox"/> [FL]	<input checked="" type="checkbox"/> [GA]	<input checked="" type="checkbox"/> [HI]	<input checked="" type="checkbox"/> [ID]
<input checked="" type="checkbox"/> [IL]	<input checked="" type="checkbox"/> [IN]	<input checked="" type="checkbox"/> [IA]	<input checked="" type="checkbox"/> [KS]	<input checked="" type="checkbox"/> [KY]	<input checked="" type="checkbox"/> [LA]	<input checked="" type="checkbox"/> [ME]	[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]
<input checked="" type="checkbox"/> [MT]	<input checked="" type="checkbox"/> [NE]	<input checked="" type="checkbox"/> [NV]	<input checked="" type="checkbox"/> [NH]	<input checked="" type="checkbox"/> [NJ]	<input checked="" type="checkbox"/> [NM]	<input checked="" type="checkbox"/> [NY]	<input checked="" type="checkbox"/> [NC]	<input checked="" type="checkbox"/> [ND]	<input checked="" type="checkbox"/> [OH]	<input checked="" type="checkbox"/> [OK]	<input checked="" type="checkbox"/> [OR]	<input checked="" type="checkbox"/> [PA]
<input checked="" type="checkbox"/> [RI]	<input checked="" type="checkbox"/> [SC]	<input checked="" type="checkbox"/> [SD]	<input checked="" type="checkbox"/> [TN]	<input checked="" type="checkbox"/> [TX]	<input checked="" type="checkbox"/> [UT]	<input checked="" type="checkbox"/> [VT]	<input checked="" type="checkbox"/> [VA]	<input checked="" type="checkbox"/> [WA]	<input checked="" type="checkbox"/> [WV]	<input checked="" type="checkbox"/> [WI]	<input checked="" type="checkbox"/> [WY]	<input checked="" type="checkbox"/> [PR]

Full Name (Last name first, if individual)
Cross, Joshua

Business or Residence Address (Number and Street, City, State, Zip Code)
13001 University Avenue, Clive, Iowa 50235

Name of Associated Broker or Dealer
DeWaay Financial Network

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)
Candler, William Brian

Business or Residence Address (Number and Street, City, State, Zip Code)
911 Main Street, Suite 2222, Kansas, MO 64105

Name of Associated Broker or Dealer
Burch & Company

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	\$ 6,000,000	\$ 1,272,000
Equity	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interests.....	\$ _____	\$ _____
Other (Specify)	\$ _____	\$ _____
Total.....	\$ 6,000,000	\$ 1,272,000

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	42	\$ 1,272,000
Non-accredited Investors	0	\$ 0
Total (for filings under Rule 504 only)	0	\$ 0

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.....	_____	\$ _____

- 4a. 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"/>	\$ 500
Legal Fees	<input checked="" type="checkbox"/>	\$ 17,500
Accounting Fees	<input type="checkbox"/>	\$ _____
Engineering Fees	<input type="checkbox"/>	\$ _____
Sales commissions (specify finders' fees separately)	<input checked="" type="checkbox"/>	\$ 187,500
Other Expenses (marketing, due diligence, dealer manager fees)	<input checked="" type="checkbox"/>	\$ 62,500
Total.....	<input checked="" type="checkbox"/>	\$ 268,000

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." \$ 5,732,000
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"/>	\$ _____	\$ _____
Purchase of real estate	<input type="checkbox"/>	\$ _____	\$ _____
Purchase, rental or leasing and installation of machinery and equipment.....	<input type="checkbox"/>	\$ _____	\$ _____
Construction or leasing of plant buildings and facilities.....	<input type="checkbox"/>	\$ _____	\$ _____
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"/>	\$ _____	\$ _____
Repayment of indebtedness	<input type="checkbox"/>	\$ _____	\$ _____
Working capital	<input checked="" type="checkbox"/>	\$ <u>5,732,000</u>	\$ _____
Other (specify):	<input type="checkbox"/>	\$ _____	\$ _____
.....	<input type="checkbox"/>	\$ _____	\$ _____
Column Totals	<input checked="" type="checkbox"/>	\$ <u>5,732,000</u>	\$ _____
Total Payments Listed (column totals added).....			<input checked="" type="checkbox"/> \$ <u>5,732,000</u>

D. FEDERAL SIGNATURES

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) IPoFA 5201 Lender, LLC	Signature 	Date <u>April 18, 2007</u>
Name of Signer (Print or Type) Lara D. Coleman	Title of Signer (Print or Type) Manager of IPoFA Fund Manager, LLC, Manager of the Issuer	

ATTENTION

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


E. STATE SIGNATURE—(NOT APPLICABLE FOR RULE 506 OFFERINGS PER NSMIA)

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule? Yes No
Not Applicable

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. **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) IPofA 5201 Lender, LLC	Signature 	Date April 18, 2007
Name (Print or Type) Lara D. Coleman	Title (Print or Type) Manager of IPofA Fund Manager, LLC, Manager 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) \$6,000,000 in Promissory Notes ("Notes")	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		X	Notes \$6,000,000						
AK		X	Notes \$6,000,000						
AZ		X	Notes \$6,000,000	2	\$60,000				
AR		X	Notes \$6,000,000						
CA		X	Notes \$6,000,000	1	\$25,000				
CO		X	Notes \$6,000,000	1	\$75,000				
CT		X	Notes \$6,000,000						
DE		X	Notes \$6,000,000						
DC		X	Notes \$6,000,000						
FL		X	Notes \$6,000,000						
GA		X	Notes \$6,000,000						
HI		X	Notes \$6,000,000						
ID		X	Notes \$6,000,000						
IL		X	Notes \$6,000,000						
IN		X	Notes \$6,000,000						
IA		X	Notes \$6,000,000	34	\$1,002,000				
KS		X	Notes \$6,000,000						
KY		X	Notes \$6,000,000						
LA		X	Notes \$6,000,000						
ME		X	Notes \$6,000,000						
MD		X	Notes \$6,000,000						
MA		X	Notes \$6,000,000						
MI		X	Notes \$6,000,000						
MN		X	Notes \$6,000,000	1	\$25,000				
MS		X	Notes \$6,000,000						
MO		X	Notes \$6,000,000	1	\$25,000				
MT		X	Notes \$6,000,000						
NE		X	Notes \$6,000,000						
NV		X	Notes \$6,000,000						
NH		X	Notes \$6,000,000						
NJ		X	Notes \$6,000,000						
NM		X	Notes \$6,000,000						

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) \$6,000,000 in Promissory Notes ("Notes")	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
NY		X	Notes \$6,000,000						
NC		X	Notes \$6,000,000	1	\$35,000				
ND		X	Notes \$6,000,000						
OH		X	Notes \$6,000,000						
OK		X	Notes \$6,000,000						
OR		X	Notes \$6,000,000						
PA		X	Notes \$6,000,000	1	\$25,000				
RI		X	Notes \$6,000,000						
SC		X	Notes \$6,000,000						
SD		X	Notes \$6,000,000						
TN		X	Notes \$6,000,000						
TX		X	Notes \$6,000,000						
UT		X	Notes \$6,000,000						
VT		X	Notes \$6,000,000						
VA		X	Notes \$6,000,000						
WA		X	Notes \$6,000,000						
WV		X	Notes \$6,000,000						
WI		X	Notes \$6,000,000						
WY		X	Notes \$6,000,000						
PR									

PROCESSED

MAY 1 1 2007

**THOMSON
FINANCIAL**

END