1/18968

FORM D

AN OUCHVED COME

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

# FORM D

APR 3 0 2007

NOTICE OF SALE OF SECURITIES

PURSUANT TO REGULATION D,

SECTION 4(6), AND/OR

FORM 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							
DA	DATERECEIVED							
	1							

Name of Offering ( check if this is an amend 1525 Pine Avenue - \$1,000,000 Subordinated S	Iment and name has changed, and indicate change.) Secured Promissory Note	1 /2 1 ml 1 ml 1 ml 2 ml 2 ml 2 ml 2 ml 2 m
Filing Under (Check box(es) that apply): Friendly Filing Type of Filing: New Filing Amendment	tule 504 Rule 505 Rule 506 Section 4(6)	□ ULOE
	A. BASIC IDENTIFICATION DATA	07052594
1. Enter the information requested about the iss	uer	
Name of Issuer ( check if this is an amendme PPA Holdings, LLC	nt and name has changed, and indicate change.)	
Address of Executive Offices 2600 Michelson Dr., Suite 920, Irvine	(Number and Street, City, State, Zip Code) , CA 92612	Telephone Number (Including Area Code) 949-488-9400
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Brief Description of Business		
Real Estate Investments		
— · — —	ted partnership, already formed	olease specify): Limited Liability Company PROCESSEL
Actual or Estimated Date of Incorporation or Orga	Month Year nization: 112 011 X Actual Esti nter two-letter U.S. Postal Service abbreviation for State	mated MAY 0 8 2007 /<
- · · · · · · · · · · · · · · · · · · ·	N for Canada; FN for other foreign jurisdiction)	THOMSON
GENERAL INSTRUCTIONS		FINANCIAL

## 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. A notice is deemed filed with the U.S. Securities and Exchange Commission (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 on 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 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. 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 predictated on the filing of a federal notice.

## 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: X Promoter X Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Stewart, Michael J. Business or Residence Address (Number and Street, City, State, Zip Code) 2600 Michelson Dr., Suite 920, Irvine, CA 92612 Beneficial Owner Check Box(es) that Apply: | Promoter X Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Packard, John J. Business or Residence Address (Number and Street, City, State, Zip Code) 2600 Michelson Dr., Suite 920, Irvine, CA 92612 ☐ Beneficial Owner ☐ Executive Officer ☐ Director Promoter 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 ☐ General and/or Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner 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(cs) 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. 18	NFORMATI	ION ABOU	T OFFERI	NG				
1.	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?									Yes	No X		
2.	What is	the minim	um investn			••		•			•••••	<u>\$ 10,0</u>	000
3.	Does the offering permit joint ownership of a single unit?									Yes 🏿	No □		
4.	commis If a pers or states	sion or sim on to be lis , list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation rson or age caler. If mo	of purchase at of a brok ore than five	ers in conne ter or deale e (5) persor	ection with r registered as to be list	sales of sec I with the S ed are asso	curities in t EC and/or	rectly, any he offering. with a state ons of such		
Ful	l Name (l	Last name	first, if indi	ividual)				•					
Bus	siness or	Residence	Address (N	lumber and	l Street, Ci	ty, State, Z	Cip Code)	ı					
Nar	ne of Ass	ociated Br	oker or Dea	aler		<del></del>	<del></del>	,	<del></del>		•		
Stat	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)	***************	***********************			***************************************		☐ Al	l States
	IL MT RI	IN NE	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (l	Last name	first, if indi	ividual)					<u> </u>				
Bus	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)	<del>:</del>			<u>.                                    </u>		
Nar	ne of Ass	ociated Br	oker or De	aler	<u> </u>							<u> </u>	<del> </del>
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers					<del></del>	
	(Check	"All States	s" or check	individual	States)			*****	****************	****************		☐ Al	l States
	AL IL MT ŘI	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (	Last name	first, if indi	ividual)			<del>-</del>						
Bus	siness or	Residence	Address (1	Number an	d Street, C	City, State,	Zip Code)	<u>.</u>	<del></del> -		<del></del>	<del></del>	
Nar	me of Ass	sociated Br	oker or De	aler									<del>-</del>
Stat	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)					•••••••••	***************************************	☐ Al	1 States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	CT ME' NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

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

# 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 alrea sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, che this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange a	ck	
	already exchanged.	Aggregate	Amount Already
	Type of Security	Offering Price	Sold
	Debt	<u>§1,000,000</u>	<u>\$1,000,000</u>
	Equity	\$ <u>.</u>	_ \$
	Common Preferred		
	Convertible Securities (including warrants)	\$	_ \$
	Partnership Interests		
	Other (Specify)		
	Total	<u>\$ 1,000,000</u>	\$ <u>1,000,000</u>
	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 toffering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indice the number of persons who have purchased securities and the aggregate dollar amount of the purchases on the total lines. Enter "0" if answer is "none" or "zero."	ate eir Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors		s1,000,000
	Non-accredited Investors		
	Total (for filings under Rule 504 only)	••••	
3.	Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securit sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to first sale of securities in this offering. Classify securities by type listed in Part C — Question	the	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	<u>N/A</u>	s <u>0</u>
	Regulation A	<u>N/A</u>	<u>s 0</u>
	Rule 504	<u>N/A</u>	<u>\$ 0</u>
	Total	<u>N/A</u>	<u>\$0</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the insurance information may be given as subject to future contingencies. If the amount of an expenditure not known, furnish an estimate and check the box to the left of the estimate.	er.	· -
	Transfer Agent's Fees		] \$
	Printing and Engraving Costs	······ <u>N</u>	\$ <u>300</u>
	Legal Fees		
	Accounting Fees		
	Engineering Fees		- ] \$
	Sales Commissions (specify finders' fees separately)	_	, ] \$
	Other Expenses (identify)	······ [X	\$ 2,500
	Total		7.000

	C. OFFERING PRICE, NUM	ABER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	
	and total expenses furnished in response to Part C -	ering price given in response to Part C — Question 1  – Question 4.a. This difference is the "adjusted gross		<u>\$ 992,200</u>
5.	each of the purposes shown. If the amount for a	roceed to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and of the payments listed must equal the adjusted gross rt C — Question 4.b above.		
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		] \$	. 🗆 \$
	Purchase of real estate	[	] \$	. 🗆 \$
	Purchase, rental or leasing and installation of ma	achinery [	]\$	
	Construction or leasing of plant buildings and fa	cilities[	] \$	s
	Acquisition of other businesses (including the va offering that may be used in exchange for the as-		¬ \$	
			_	<del></del>
				<del></del>
	Other (specify):	[		
	· · · · · · · · · · · · · · · · · · ·	<del></del>	]\$	. 🗆 \$
	Column Totals	[	] \$	\$992,200
	Total Payments Listed (column totals added)		<b>⊠</b> \$ <u>9</u> \$	2,200
		D. FEDERAL SIGNATURE		
sig	nature constitutes an undertaking by the issuer to fu	te undersigned duly authorized person. If this notice arnish to the U.S. Securities and Exchange Commission of the U.S. Securities and Exchange Commission (b)(2) of R	sion, upon writte	
- Iss	uer (Print or Type)	Signature	Date	
F	PA Holdings, LLC	1111	April 24, 2007	
	me of Signer (Print or Type)	Title of Signer (Print or Type)		
N	lichael J. Stewart	Manager		

- ATTENTION -

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

		E. STATE SIGNATUR	E					
1.		30.262 presently subject to any of the d		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 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 furnish issuer to offerees.							
2.			or of any state in which this notice is f	led a no	tice on Form			
3.	the annual Britanian in the basis administration of the basis and the ba							
4.	limited Offering Exemption (ULOE	) of the state in which this notice is filed	d and understands that the issuer clain					
		s the contents to be true and has duly caus	sed this notice to be signed on its beha	If by the	undersigned			
Issuer (	Print or Type)	Signature	Date					
PPA	Holdings, LLC	M	April 24, 2007					
Name (	Print or Type)	Title (Print or Type)						
Micha	ael J. Stewart	Manager						

## 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	Intendation to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pur	investor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No	
AL		<u></u>								
AK										
AZ										
AR										
CA		х	Debt-\$1,000,000	36	\$1,000,00	0	0		X	
со						·				
СТ										
DE									i	
DC		ļ <u> </u>								
FL								ļ		
GA							-··			
н	- <del></del>						<u>-</u>			
ID	- <del>-</del>	1								
IL	<u> </u>			<u> </u>				\ 		
IN							- <del></del>	-		
IA				<del>_</del>			<del></del>			
KS								ļ		
KY										
LA			<u> </u>				<u> </u>			
ME										
MD						i	<u> </u>			
MA										
MI										
MN										
MS				<u> </u>						

Type of security and aggregate of investors in State (Part B-ltern 1)   Type of security and aggregate (Part B-ltern 1)   Type of investors and amount purchased in State (Part B-ltern 1)   Number of Accredited Investors   Amount   Type of investors and amount purchased in State (Part B-ltern 1)   Number of Accredited Investors   Amount   Type of investors   Type of	APPENDIX										
State   Yes   No	1	Intend to non-a investor	I to sell ccredited s in State	Type of security and aggregate offering price offered in state		amount pu	investor and rchased in State		Disqualification under State ULOE (if yes, attach explanation of waiver granted)		
MT	State	Yes	No		Accredited	Amount	Non-Accredited	Amount	Yes	No	
NE	МО										
NV NH NJ NM NY NC NC ND ND OH OK OR PA RI SC SD TN TX UT VT VY NA	МТ										
NH NJ NM NM NY NC ND	NE										
NJ NM NM NY NC ND	NV										
NM	NH										
NY	NJ			·							
NC         ND           ND         ND           OH         ND           OK         ND           OK         ND           OK         ND           OR         ND           PA         ND           SC         ND           SD         ND           TN         ND           TX         ND           UT         ND           VA         ND           WA         <	NM										
ND         OH         OH         OK         OK<	NY							·			
OH OK OK OR	NC							_			
OK OR	ND										
OR         PA           RI         SC           SD         TN           TX         UT           VT         VA           WA         WV	ОН										
PA         RI         SC         SD         TN         TX         UT         VT         VA         WA         WV	OK			_							
RI         SC           SD         TN           TX         UT           VT         VA           WA         WV	OR										
SC         SD           TN         TX           UT         VT           VA         VA           WA         WV	PA										
SD         TN           TX         TX           UT         TX           VT         TX           VA         TX           WA         TX           WV         TX	RI							-			
TN	SC										
TX	SD	<u> </u>				i 1		<u> </u>			
UT	TN										
VT	TX										
VA WA WV	UT		<u> </u>								
WA WV	VT										
wv	VA										
	WA										
WI	wv										
	WI										

				APP	ENDIX										
1	_	2	3		4										
	to non-a	to sell accredited is in State a-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)			amount purchased in State					Type of investor and explan amount purchased in State waiver		State ULOE s, attach nation of er granted) E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No						
WY															
PR															

