

FORM D

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

1365978

Table with OMB APPROVAL header and fields for OMB Number (3235-0076), Expires (April 30, 2008), and Estimated average burden hours per response (16.00).

FORM D

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



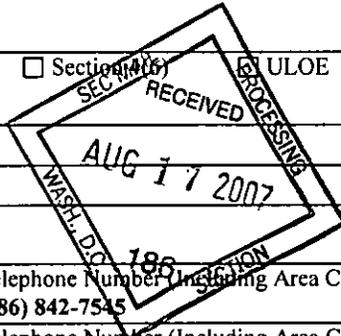
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Table with SEC USE ONLY header and fields for Prefix, Serial, and DATE RECEIVED.

Name of Offering (checkbox for amendment), Investor Units and Tenant In Common Interests in REVA Fairview, LLC - \$5,050,000 Offering, Filing Under (checkboxes for Rule 504, 505, 506, Section 406, ULOE), Type of Filing (checkboxes for New Filing, Amendment).

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer: Name of Issuer (checkbox for amendment), REVA Fairview, LLC, Address of Executive Offices (700 East Main Street, Suite 1600, Richmond, Virginia 23219), Telephone Number (886) 842-7545, Address of Principal Business Operations, Telephone Number.



Brief Description of Business: Six industrial/warehouse buildings of 272,000 square feet, on 34.38 acres in Fairview Township, Lewisberry, Pannsylvania

Type of Business Organization: (checkboxes for corporation, limited partnership, business trust, other) other (please specify): Limited Liability Company

Actual or Estimated Date of Incorporation or Organization: Month 02, Year 07, Actual (checkbox), Estimated (checkbox)

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

PROCESSED
E AUG 24 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.

Manually Signed

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)

Real Estate Value Advisors, LLC

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

700 East Main Street, Suite 1600, Richmond, Virginia 23219

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

Full Name (Last name first, if individual)

SADLER, Christopher K.

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

700 East Main Street, Suite 1600, Richmond, Virginia 23219

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

Full Name (Last name first, if individual)

SADLER, Stevens M.

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

700 East Main Street, Suite 1600, Richmond, Virginia 23219

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

Full Name (Last name first, if individual)

MOORE, David L.

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

700 East Main Street, Suite 1600, Richmond, Virginia 23219

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)

(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? \$ 25,000
 (Issuer reserves the right to sell fractional units or interests.) 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)

Business or Residence Address (Number and Street, City, State, Zip Code)
3900 South Wadsworth Boulevard, Suite 590, Lakewood, Colorado 80235

Name of Associated Broker or Dealer
CAPWEST SECURITIES, INC.

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)
THOMAS, Troy

Business or Residence Address (Number and Street, City, State, Zip Code)
1333 2nd Street, Suite 600, Santa Monica, California 90401

Name of Associated Broker or Dealer
DIRECT CAPITAL SECURITIES, INC.

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)
WALSH, James M.

Business or Residence Address (Number and Street, City, State, Zip Code)
3070 Bristol Street, Suite 500, Costa Mesa, California 92626

Name of Associated Broker or Dealer
Private Asset Group, Inc.

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

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

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

(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

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 (Issuer reserves the right to sell fractional units or interests.) 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)
REDMAN, Christopher A.

Business or Residence Address (Number and Street, City, State, Zip Code)
230 Park Avenue, Suite 1548, New York, New York 10169

Name of Associated Broker or Dealer
K-One Investment Company, Inc.

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]XX [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)
SCHRYER, Alan J.

Business or Residence Address (Number and Street, City, State, Zip Code)
10 Universal City Plaza, 20th Floor, Universal City, California 91608

Name of Associated Broker or Dealer
Empire Securities Corporation

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

(Check "All States" or check individual States) All States
 [AL] [AK] [AZ]XX [AR] [CA]XX [CO] [CT] [DE] [DC] [FL] [GA]XX [HI]XX [ID]
 [IL]XX [IN] [IA] [KS] [KY] [LA] [ME] [MD] [MA] [MI]XX [MN] [MS] [MO]
 [MT] [NE] [NV]XX [NH] [NJ] [NM] [NY]XX [NC]XX [ND]XX [OH] [OK] [OR] [PA]
 [RI]XX [SC] [SD] [TN] [TX]XX [UT] [VT] [VA]XX [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]
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 [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)

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.....	\$ _____	\$ _____
Equity.....	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants).....	\$ _____	\$ _____
Partnership Interests.....	\$ _____	\$ _____
Other (Specify) Investor Units.....	\$ <u>5,050,000</u>	\$ <u>4,889,496</u>
Total.....	\$ <u>5,050,000</u>	\$ <u>4,889,496</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 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>15</u>	\$ <u>4,889,496</u>
Non-accredited Investors.....	<u>0</u>	\$ <u>0</u>
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.....	_____	\$ _____

- 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"/>	\$ <u>10,000</u>
Legal Fees.....	<input checked="" type="checkbox"/>	\$ <u>42,500</u>
Accounting Fees.....	<input type="checkbox"/>	\$ _____
Engineering Fees.....	<input type="checkbox"/>	\$ _____
Sales commissions (specify finders' fees separately).....	<input checked="" type="checkbox"/>	\$ <u>357,000</u>
Other Expenses (identify) Organization and Offering Expenses, Marketing Allowance and Due Diligence Reimbursement, Managing Broker Dealer Fee.....	<input checked="" type="checkbox"/>	\$ <u>151,500</u>
Total.....	<input checked="" type="checkbox"/>	\$ <u>561,000</u>

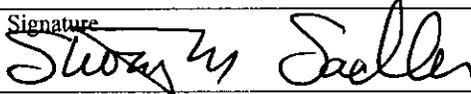
C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- 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." \$ 4,539,000
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"/>	\$ <u>437,000</u>	\$ _____
Purchase of real estate.....	<input checked="" type="checkbox"/>	\$ _____	\$ <u>3,450,000</u>
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 (Reserves).....	<input checked="" type="checkbox"/>	\$ _____	\$ <u>75,000</u>
Other (specify):			
Loan Fees & Costs, Acquisition Expenses and Closing Costs, Tenant Improvement/Leasing Commission Reserve.....	<input checked="" type="checkbox"/>	\$ _____	\$ <u>577,000</u>
.....	<input type="checkbox"/>	\$ _____	\$ _____
Column Totals.....	<input checked="" type="checkbox"/>	\$ <u>437,000</u>	\$ <u>4,102,000</u>
Total Payments Listed (column totals added).....			<input checked="" type="checkbox"/> \$ <u>4,539,000</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) REVA Fairview, LLC	Signature 	Date <u>Aug 16, 2007</u>
Name of Signer (Print or Type) Stevens M. Sadler	Title of Signer (Print or Type) Manager of Real Estate Value Advisors, LLC, the Manager of the Issuer	

ATTENTION

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

Manually Signed

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) REVA Fairview, LLC	Signature 	Date Aug 16, 2007
Name (Print or Type) Stevens M. Sadler	Title (Print or Type) Manager of Real Estate Value Advisors, LLC, the 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.

END Manually Signed