

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)
Alpha Equity Management LLC

Business or Residence Address (Number and Street, City, State, Zip Code)
90 State House Square, Suite 1100, Hartford, CT 06103

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

Full Name (Last name first, if individual)
Means, Kevin

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Alpha Equity Management LLC, 90 State House Square, Suite 1100, Hartford, CT 06103

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

Full Name (Last name first, if individual)
Fioramonti, Vince

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Alpha Equity Management LLC, 90 State House Square, Suite 1100, Hartford, CT 06103

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

Full Name (Last name first, if individual)
Townswick, Donald

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Alpha Equity Management LLC, 90 State House Square, Suite 1100, Hartford, CT 06103

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

Full Name (Last name first, if individual)
Kochen, Neil

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Alpha Equity Management LLC, 90 State House Square, Suite 1100, Hartford, CT 06103

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

Full Name (Last name first, if individual)
DeSvastich, Peter

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Alpha Equity Management LLC, 90 State House Square, Suite 1100, Hartford, CT 06103

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

Full Name (Last name first, if individual)
Krusen, Charles

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Alpha Equity Management LLC, 90 State House Square, Suite 1100, Hartford, CT 06103

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

A. BASIC IDENTIFICATION DATA

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- 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
Of General Partner Managing Partner

Full Name (Last name first, if individual)
Glatt, Alan

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Alpha Equity Management LLC, 90 State House Square, Suite 1100, Hartford, CT 06103

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

Full Name (Last name first, if individual)
Deakins, John Chadwick

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Trusco Capital Management, 50 Hurt Plaza, Suite 1400, Atlanta, GA 30303

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

Full Name (Last name first, if individual)
Parikh, Ashi

Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Trusco Capital Management, 50 Hurt Plaza, Suite 1400, Atlanta, GA 30303

Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or
Of General Partner 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
Of General Partner 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
Of General Partner 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
Of General Partner 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 UL.OE.
2. What is the minimum investment that will be accepted from any individual?..... \$ 500,000*
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)

4550 Montgomery Avenue, Suite 302, North Bethesda, MD 20814

Name of Associated Broker or Dealer

Beacon Global Advisors

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	<input checked="" type="checkbox"/>	CO	<input checked="" type="checkbox"/>	DE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	<input checked="" type="checkbox"/>	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	<input checked="" type="checkbox"/>	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	TX	UT	VT	<input checked="" type="checkbox"/>	WA	WV	WI	WY	PR

Full Name (Last name first, if individual)

Robinson, James

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

1043 Sheep Farm Road, Weybridge, VT 05753

Name of Associated Broker or Dealer

IRA/Middlebury Capital

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	<input checked="" type="checkbox"/>	DE	DC	<input checked="" type="checkbox"/>	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	<input checked="" type="checkbox"/>	MI	MN	MS	MO
MT	NE	NV	NH	<input checked="" type="checkbox"/>	NM	<input checked="" type="checkbox"/>	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	<input checked="" type="checkbox"/>	UT	<input checked="" type="checkbox"/>	VA	WA	WV	WI	WY	PR

Full Name (Last name first, if individual)

Williams, Daniel

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

1043 Sheep Farm Road, Weybridge, VT 05753

Name of Associated Broker or Dealer

IRA/Middlebury Capital

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	<input checked="" type="checkbox"/>	DE	DC	<input checked="" type="checkbox"/>	GA	HI	ID
IL	IN	IA	KS	KY	LA	ME	MD	<input checked="" type="checkbox"/>	MI	MN	MS	MO
MT	NE	NV	NH	<input checked="" type="checkbox"/>	NM	<input checked="" type="checkbox"/>	NC	ND	OH	OK	OR	PA
RI	SC	SD	TN	<input checked="" type="checkbox"/>	UT	<input checked="" type="checkbox"/>	VA	WA	WV	WI	WY	PR

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

*minimum subject to waiver by general partner

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?..... \$ _____
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)
 Oleet, Jason Adam

Business or Residence Address (Number and Street, City, State, Zip Code)
 1043 Sheep Farm Road, Weybridge, VT 05753

Name of Associated Broker or Dealer
 IRA/Middlebury Capital

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)
 Curan, Daniel Smith

Business or Residence Address (Number and Street, City, State, Zip Code)
 440 S. LaSalle Street, Suite 1546, Chicago, IL 60605

Name of Associated Broker or Dealer
 Sydan

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)
 Manning, John

Business or Residence Address (Number and Street, City, State, Zip Code)
 333 Greenwich Avenue, Greenwich, CT 06830

Name of Associated Broker or Dealer
 Searle & Co.

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

(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?..... \$ _____
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)
 Crooks, Edward S.

Business or Residence Address (Number and Street, City, State, Zip Code)
 1251 Waterfront Place, Suite 510, Pittsburgh, PA 15222-6368

Name of Associated Broker or Dealer
 Mid Atlantic Capital 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	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
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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
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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

(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 the 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	\$ <u>-0-</u>	\$ <u>-0-</u>
Equity	\$ <u>-0-</u>	\$ <u>-0-</u>
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants)	\$ <u>-0-</u>	\$ <u>-0-</u>
Partnership Interests	\$ <u>2,000,000,000*</u>	\$ <u>21,653,583</u>
Other (Specify _____)	\$ <u>-0-</u>	\$ <u>-0-</u>
Total	\$ <u>2,000,000,000*</u>	\$ <u>21,653,583</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>21</u>	\$ <u>21,653,583</u>
Non-accredited Investors	_____	\$ _____
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 offering 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 — Questions 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 insurer. 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 checked="" type="checkbox"/>	\$ <u>-0-</u>
Printing and Engraving Costs	<input checked="" type="checkbox"/>	\$ <u>1,000</u>
Legal Fees	<input checked="" type="checkbox"/>	\$ <u>20,000</u>
Accounting Fees	<input checked="" type="checkbox"/>	\$ <u>-0-</u>
Engineering Fees	<input checked="" type="checkbox"/>	\$ <u>-0-</u>
Sales Commissions (specify finders' fees separately)	<input checked="" type="checkbox"/>	\$ <u>-0-</u>
Other Expenses (identify) Filing fees	<input checked="" type="checkbox"/>	\$ <u>3,000</u>
Total	<input checked="" type="checkbox"/>	\$ <u>24,000</u>

*The Issuer is offering an unlimited amount of limited partnership interests. The Issuer does not expect to sell in excess of \$2,000,000,000 in limited partnership interests. Actual sales may be significantly lower.

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.”

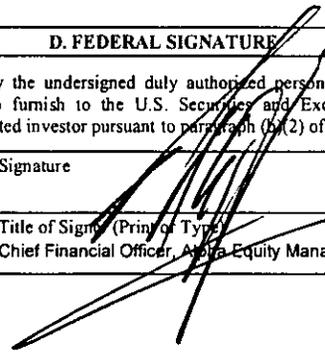
\$ 1,999,976,000*

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 checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>-0-</u>
Purchase of real estate	<input checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>-0-</u>
Purchase, rental or leasing and installation of machinery and equipment	<input checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>-0-</u>
Construction or leasing of plant buildings and facilities	<input checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <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 checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>-0-</u>
Repayment of indebtedness	<input checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>-0-</u>
Working capital	<input checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>1,999,976,000*</u>
Other (specify): _____ _____ _____	<input checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>-0-</u>
Column Totals	<input checked="" type="checkbox"/> \$ <u>-0-</u>	<input checked="" type="checkbox"/> \$ <u>1,999,976,000*</u>
Total Payments Listed (column totals added)	<input checked="" type="checkbox"/> \$ <u>1,999,976,000*</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 and 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) Alpha Equity Global Long/Short Fund, LP	Signature 	Date 5/7/08
Name of Signer (Print or Type) Peter de Svastich	Title of Signer (Print or Type) Chief Financial Officer, Alpha Equity Management LLC, its general partner	

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

5 of 9

*The Issuer is offering an unlimited amount of limited partnership interests. The Issuer does not expect to sell in excess of \$2,000,000,000 in limited partnership interests. Actual sales may be significantly lower.

END