

1448645

FORM D

SEC Mail Processing Section

OMB APPROVAL
OMB Number: 3235-0076
Expires: September 30, 2008
Estimated average burden hours per response: 4.00

Notice of Exempt Offering of Securities

OCT 17 2008 U.S. Securities and Exchange Commission

Washington, DC 20549

Washington, DC (See instructions beginning on page 5)

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

Item 1. Issuer's Identity

Name of Issuer
The 300, LLC

Jurisdiction of Incorporation/Organization
California

Year of Incorporation/Organization (Select one)

Over Five Years Ago Within Last Five Years (specify year) 2008 Yet to Be Formed

Previous Name(s) None
PROCESSED
OCT 30 2008
THOMSON REUTERS

Entity Type (Select one)

- Corporation
- Limited Partnership
- Limited Liability Company
- General Partnership
- Business Trust
- Other (Specify)

(If more than one issuer is filing this notice, check this box and identify additional issuer(s) by attaching Items 1 and 2 Continuation Page(s).)

Item 2. Principal Place of Business and Contact Information

Street Address 1: 385 Sherman Avenue, Suite 6
Street Address 2: [Blank]
City: Palo Alto State/Province/Country: California ZIP/Postal Code: 94306 Phone No.: (650) 321-7500

Item 3. Related Persons

Last Name: Yonekura First Name: Glen Middle Name: Anthony

Street Address 1: 385 Sherman Avenue, Suite 6
Street Address 2: [Redacted]
City: Palo Alto State/Province/Country: California ZIP/Postal Code: 94306



08062160

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): Manager of Duke Capital Partners, LLC; Manager of Issuer

(Identify additional related persons by checking this box and attaching Item 3 Continuation Page(s).)

Item 4. Industry Group (Select one)

- Agriculture
- Banking and Financial Services
 - Commercial Banking
 - Insurance
 - Investing
 - Investment Banking
 - Pooled Investment Fund
- Business Services
- Energy
 - Electric Utilities
 - Energy Conservation
 - Coal Mining
 - Environmental Services
 - Oil & Gas
 - Other Energy
- Construction
- REITS & Finance
- Residential
- Other Real Estate
- Health Care
 - Biotechnology
 - Health Insurance
 - Hospitals & Physicians
 - Pharmaceuticals
 - Other Health Care
- Manufacturing
- Real Estate
 - Commercial
- Retailing
- Restaurants
- Technology
 - Computers
 - Telecommunications
 - Other Technology
- Travel
 - Airlines & Airports
 - Lodging & Conventions
 - Tourism & Travel Services
 - Other Travel
- Other

If selecting this industry group, also select one fund type below and answer the question below:

- Hedge Fund
- Private Equity Fund
- Venture Capital Fund
- Other Investment Fund

Is the issuer registered as an investment company under the Investment Company Act of 1940? Yes No

Other Banking & Financial Services

Item 5. Issuer Size: (Select one)

Revenue Range: (for issuer not specifying "hedge" or "other investment" fund in Item 4 above)

- No Revenues
\$1 - \$1,000,000
\$1,000,001 - \$5,000,000
\$5,000,001 - \$25,000,000
\$25,000,001 - \$100,000,000
Over \$100,000,000
Decline to Disclose
Not Applicable

OR

Aggregate Net Asset Value Range (for issuer specifying "hedge" or "other investment" fund in Item 4 above)

- No Aggregate Net Asset Value
\$1 - \$5,000,000
\$5,000,001 - \$25,000,000
\$25,000,001 - \$50,000,000
\$50,000,001 - \$100,000,000
Over \$100,000,000
Decline to Disclose
Not Applicable

Item 6. Federal Exemptions and Exclusions Claimed (Select all that apply)

- Rule 504(b)(1) (not (i), (ii) or (iii))
Rule 504(b)(1)(i)
Rule 504(b)(1)(ii)
Rule 504(b)(1)(iii)
Rule 505
Rule 506
Securities Act Section 4(6)
Investment Company Act Section 3(c)
Section 3(c)(1)
Section 3(c)(2)
Section 3(c)(3)
Section 3(c)(4)
Section 3(c)(5)
Section 3(c)(6)
Section 3(c)(7)
Section 3(c)(9)
Section 3(c)(10)
Section 3(c)(11)
Section 3(c)(12)
Section 3(c)(13)
Section 3(c)(14)

Item 7. Type of Filing

- New Notice OR Amendment

Date of First Sale in this Offering: [] OR [X] First Sale Yet to Occur

Item 8. Duration of Offering

Does the issuer intend this offering to last more than one year? [] Yes [X] No

Item 9. Type(s) of Securities Offered (Select all that apply)

- Equity
Debt
Option, Warrant or Other Right to Acquire Another Security
Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security
Pooled Investment Fund Interests
Tenant-in-Common Securities
Mineral Property Securities
Other (Describe)

[]

Item 10. Business Combination Transaction

Is this offering being made in connection with a business combination transaction, such as a merger, acquisition or exchange offer? [] Yes [X] No

Clarification of Response (if Necessary)

[]

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 300,000

Item 12. Sales Compensation

Recipient Guardian Equity Growth II, Inc. Recipient CRD Number [] No CRD Number [X]

(Associated) Broker or Dealer [X] None (Associated) Broker or Dealer CRD Number [] No CRD Number

Street Address 1 350 Second Street, #7 Street Address 2 []

City Los Altos State/Province/Country California ZIP/Postal Code 94022

States of Solicitation [] All States [X] CA [] IL [] IN [] IA [] KS [] KY [] LA [] ME [] MD [] MA [] MI [] MN [] MS [] MO [] NJ [] NV [] NH [] NY [] NC [] ND [] OH [] OK [] OR [] PA [] RI [] SC [] SD [] TN [] TX [] UT [] VT [] VA [] WA [] WV [] WI [] WY [] PR

(Identify additional person(s) being paid compensation by checking this box [] and attaching Item 12 Continuation Page(s).)

Item 13. Offering and Sales Amounts

(a) Total Offering Amount \$ 3,000,000 OR [] Indefinite

(b) Total Amount Sold \$ 0

(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ 3,000,000 OR [] Indefinite

Clarification of Response (if Necessary) []

Item 14. Investors

Check this box [] if securities in the offering have been or may be sold to persons who do not qualify as accredited investors, and enter the number of such non-accredited investors who already have invested in the offering: n/a

Enter the total number of investors who already have invested in the offering: 0

Item 15. Sales Commissions and Finders' Fees Expenses

Provide separately the amounts of sales commissions and finders' fees expenses, if any. If an amount is not known, provide an estimate and check the box next to the amount.

Sales Commissions \$ [] Estimate []

Clarification of Response (if Necessary) []

Finders' Fees \$ 200,000 Estimate [X]

[]

Item 16. Use of Proceeds

Provide the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to any of the persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the amount is unknown, provide an estimate and check the box next to the amount.

\$ 550,000

Estimate

Clarification of Response (if Necessary)

Finder's Fee (Item 15) of \$200,000 and Real Estate Development Fee of \$350,000

Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and submitting this notice.

Terms of Submission. In Submitting this notice, each identified issuer is:

Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, in accordance with applicable law, the information furnished to offerees.*

Irrevocably appointing each of the Secretary of the SEC and the Securities Administrator or other legally designated officer of the State in which the issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against the issuer in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes; or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.

Certifying that, if the issuer is claiming a Rule 505 exemption, the issuer is not disqualified from relying on Rule 505 for one of the reasons stated in Rule 505(b)(2)(iii).

* This undertaking does not affect any limits Section 102(a) of the National Securities Markets Improvement Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (C. Ct. 11, 1996)] imposes on the ability of States to require information. As a result, if the securities that are the subject of this Form D are "covered securities" for purposes of NSMIA, whether in all instances or due to the nature of the offering that is the subject of this Form D, States cannot routinely require offering materials under this undertaking or otherwise and can require offering materials only to the extent NSMIA permits them to do so under NSMIA's preservation of their anti-fraud authority.

Each identified issuer has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. (Check this box and attach Signature Continuation Pages for signatures of issuers identified in Item 1 above but not represented by signer below.)

Issuer(s)

The 300, LLC

Name of Signer

Glen Anthony Yonekura

Signature

Title

Manager of Duke Capital Partners, LLC; Manager of Issuer

Number of continuation pages attached:

2

Date

September 29, 2008

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 number.

Items 1 and 2 Continuation Page

Item 1 and 2. Issuer's Identity and Contact Information (Continued)

Name of Issuer <input type="text"/>		Previous Name(s) <input type="checkbox"/> None <input type="text"/>		Entity Type (Select one)	
Jurisdiction of Incorporation/Organization <input type="text"/>		<input type="text"/>		<input type="radio"/> Corporation	
Year of Incorporation/Organization (Select one)		<input type="text"/>		<input type="radio"/> Limited Partnership	
<input type="radio"/> Over Five Years Ago		<input type="radio"/> Within Last Five Years (specify year)		<input type="radio"/> Limited Liability Company	
		<input type="radio"/> Yet to Be Formed		<input type="radio"/> General Partnership	
				<input type="radio"/> Business Trust	
				<input type="radio"/> Other (Specify) <input type="text"/>	

At your option, supply separate contact information for this issuer:

Street Address 1 the CITY HOTEL		Street Address 2 145 S. Washington St., Suite F			
City Sonora	State/Province/Country California	ZIP/Postal Code 95370	Phone No. (209) 588-0622		

Name of Issuer <input type="text"/>		Previous Name(s) <input type="checkbox"/> None <input type="text"/>		Entity Type (Select one)	
Jurisdiction of Incorporation/Organization <input type="text"/>		<input type="text"/>		<input type="radio"/> Corporation	
Year of Incorporation/Organization (Select one)		<input type="text"/>		<input type="radio"/> Limited Partnership	
<input type="radio"/> Over Five Years Ago		<input type="radio"/> Within Last Five Years (specify year)		<input type="radio"/> Limited Liability Company	
		<input type="radio"/> Yet to Be Formed		<input type="radio"/> General Partnership	
				<input type="radio"/> Business Trust	
				<input type="radio"/> Other (Specify) <input type="text"/>	

At your option, supply separate contact information for this issuer:

Street Address 1 <input type="text"/>		Street Address 2 <input type="text"/>			
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>	Phone No. <input type="text"/>		

Name of Issuer <input type="text"/>		Previous Name(s) <input type="checkbox"/> None <input type="text"/>		Entity Type (Select one)	
Jurisdiction of Incorporation/Organization <input type="text"/>		<input type="text"/>		<input type="radio"/> Corporation	
Year of Incorporation/Organization (Select one)		<input type="text"/>		<input type="radio"/> Limited Partnership	
<input type="radio"/> Over Five Years Ago		<input type="radio"/> Within Last Five Years (specify year)		<input type="radio"/> Limited Liability Company	
		<input type="radio"/> Yet to Be Formed		<input type="radio"/> General Partnership	
				<input type="radio"/> Business Trust	
				<input type="radio"/> Other (Specify) <input type="text"/>	

At your option, supply separate contact information for this issuer:

Street Address 1 <input type="text"/>		Street Address 2 <input type="text"/>			
City <input type="text"/>	State/Province/Country <input type="text"/>	ZIP/Postal Code <input type="text"/>	Phone No. <input type="text"/>		

(Copy and use additional copies of this page as necessary.)

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Moison, First Name: Jerry, Middle Name: Ernest
Street Address 1: 350 Second Street, #7, Street Address 2: [Blank]
City: Los Altos, State/Province/Country: California, ZIP/Postal Code: 94022
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary): President of Guardian Equity Growth II, Inc.; Manager of Issuer

Last Name: Fox, First Name: Brian, Middle Name: Edward
Street Address 1: 350 Second Street, #7, Street Address 2: [Blank]
City: Los Altos, State/Province/Country: California, ZIP/Postal Code: 94022
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary): Secretary of Guardian Equity Growth II, Inc.; Manager of Issuer

Last Name: [Blank], First Name: [Blank], Middle Name: [Blank]
Street Address 1: [Blank], Street Address 2: [Blank]
City: [Blank], State/Province/Country: [Blank], ZIP/Postal Code: [Blank]
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary): [Blank]

Last Name: [Blank], First Name: [Blank], Middle Name: [Blank]
Street Address 1: [Blank], Street Address 2: [Blank]
City: [Blank], State/Province/Country: [Blank], ZIP/Postal Code: [Blank]
Relationship(s): Executive Officer, Director, Promoter
Clarification of Response (if Necessary): [Blank]

(Copy and use additional copies of this page as necessary.)

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