

145 7091

<b>OMB APPROVAL</b>
OMB NUMBER: 3235-0076
Expires: February 28, 2009
Estimated average burden hours per response: 4.00

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

**Item 1. Issuer's Identity**

Name of Issuer Ocular Development, LLC	Previous Name(s) <input checked="" type="checkbox"/> None	Entity Type (Select One) <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Business Trust  <input type="checkbox"/> Other (Specify)
Jurisdiction of Incorporation/Organization Delaware		
Year of Incorporation/Organization (Select one)		
<input type="checkbox"/> Over Five Years Ago <input checked="" type="checkbox"/> Within Last Five Years (specify year) 2008 <input type="checkbox"/> Yet to be Formed		

(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).)

PROCESSED  
 MAR 9 2009  
 PROVISIONAL

**Item 2. Principal Place of Business and Contact Information**

Street Address 1 7615 Sierra Drive	Street Address 2		
City Granite Bay	State/Province/Country California	Zip/Postal Code 95746	Phone No. 916-798-3408

**Item 3. Related Persons**

Last Name Verdonner	First Name Steven	Middle Name R.
Street Address 1 7615 Sierra Drive	Street Address 2	
City Granite Bay	State/Province/Country California	Zip/Postal Code 95746

Relationship(s):  Executive Officer  Director  Promoter

Clarification of Response (if Necessary)

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



**Item 4. Industry Group (Select one)**

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Business Services	<input type="checkbox"/> construction
<input type="checkbox"/> Banking and Financial Services	<input type="checkbox"/> Energy	<input type="checkbox"/> REITS & Finance
<input type="checkbox"/> Commercial Banking	<input type="checkbox"/> Electric Utilities	<input type="checkbox"/> Residential <b>SEC Mail Processing Section</b>
<input type="checkbox"/> Insurance	<input type="checkbox"/> Energy Conservation	<input type="checkbox"/> Other Real Estate
<input type="checkbox"/> Investing	<input type="checkbox"/> Coal Mining	<input type="checkbox"/> Retailing
<input type="checkbox"/> Investment Banking	<input type="checkbox"/> Environmental Services	<input type="checkbox"/> Restaurants
<input type="checkbox"/> Pooled investment Fund	<input type="checkbox"/> Oil & Gas	<input checked="" type="checkbox"/> Technology
If selecting this industry group, also select one fund type below and answer the question below:	<input type="checkbox"/> Other Energy	<input type="checkbox"/> Computers
<input type="checkbox"/> Hedge Fund	<input type="checkbox"/> Health Care	<input type="checkbox"/> Telecommunications
<input type="checkbox"/> Private Equity Fund	<input type="checkbox"/> Biotechnology	<input checked="" type="checkbox"/> Other Technology
<input type="checkbox"/> Venture Capital Fund	<input type="checkbox"/> Health Insurance	<input type="checkbox"/> Travel
<input type="checkbox"/> Other Investment Fund	<input type="checkbox"/> Pharmaceuticals	<input type="checkbox"/> Airlines & Airports
Is the issuer registered as an investment company under the Investment Company Act of 1940? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Health Care	<input type="checkbox"/> Lodging & Conventions
<input type="checkbox"/> Other Banking & Financial Services	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Tourism & Travel Services
	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Other Travel
	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other

FEB 18 2009  
 Washington, DC  
 111

**FORM D**

**Item 5. Issuer Size (Select one)**

Revenue Range (for issuer not specifically "hedge" or "other investment" fund in item 4 above)

- No Revenues
- \$1 - \$1,000,000
- \$1,000,000 - \$5,000,000
- \$5,000,000 - \$25,000,000
- \$25,000,000 - \$100,000,000
- Over \$100,000,000
- 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
- \$5,000,000 - \$25,000,000
- \$25,000,000 - \$50,000,000
- \$50,000,000 - \$100,000,000
- Over \$100,000,000
- Not Applicable

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

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | <input type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9)  |
| <input type="checkbox"/> Rule 504(b)(1)(i)                       | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1) (ii)                     | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 504(b)(1)(iii)                     | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input type="checkbox"/> Rule 505                                | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input checked="" type="checkbox"/> Rule 506                     | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| <input type="checkbox"/> Securities Act Section 4(6)             | <input type="checkbox"/> Section 3(c)(7) |   |

**Item 7. Type of Filing**

- New Notice                      OR                       Amendment

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

**Item 8. Duration of Offering**

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

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

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Equity   | <input type="checkbox"/> Pooled Investment Fund Interests |
| <input type="checkbox"/> Debt  | <input type="checkbox"/> Tenant-in-Common Securities      |
| <input type="checkbox"/> Option, Warrant or Other Right to Acquire Another Security                                  | <input type="checkbox"/> Mineral Property Securities      |
| <input type="checkbox"/> Security to be Acquired Upon Exercise of Option, Warrant or Other Right to Acquire Security | <input type="checkbox"/> 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                       No

Clarification of Response (if Necessary)

**Item 11. Minimum Investment**

Minimum investment accepted from any outside investor \$

**Item 12. Sales Compensation**

Recipient  Recipient CRD Number   No CRD Number

(Associated) Broker or Dealer  None (Associated) Broker or Dealer CRD Number   No CRD Number

Street Address 1  Street Address 2

City  State/Province/Country  Zip/Postal Code

States of Solicitation  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

(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 \$  OR  Indefinite

(b) Total Amount Sold \$

(c) Total Remaining to be Sold \$  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:

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

**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' Fee \$   Estimate

**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.

\$   Estimate

Clarification of Response (if Necessary)

**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 proceedings, 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 of 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 Improvements Act of 1996 ("NSMIA") [Pub. L. No. 104-290, 110 Stat. 3416 (Oct. 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) Ocular Development, LLC	Name of Signer Steven R. Verdooner
--------------------------------------	---------------------------------------

Signature 	Title Chief Executive Officer
--	----------------------------------

Number of continuation pages attached

Date

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a current valid OMB number.

END