### FORM D

PROCESSED

MAR 2 2009

THOMSON REUTERS

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

## **FORM D**

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

1457090							
OMB APPR							
OMB Number:	3235-0076						
Expires:							
Estimated average burden							
hours per respons	se 16.00						

SEC USE ONLY						
Prefix	Serial					
DATE RE	CEIVED					
1	1					

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) 1711 Division, LLC	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Type of Filing: New Filing Amendment	ULOE SEC Mail Brocoscing Section
A. BASIC IDENTIFICATION DATA	FFB 1 A 3000
Enter the information requested about the issuer	10800
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	Weshington, DC
1711 Division, LLC  Address of Executive Offices (Number and Street, City, State, Zip Code)	
Address of Executive Offices (Number and Street, City, State, Zip Code) 411 Broadway, Nashville, TN 37203	Telephone Number (Including Area Code) (615) 479-2899
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Tele
Brief Description of Business	
Restaurant and Entertainment Facility	
business trust limited partnership, to be formed Limited  Month Year	olease specify):   Liability Company mated :
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D 77d(6).	,
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given b 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. 20	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously support 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 sULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the sare to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	Securities Administrator in each state where sales r the exemption, a fee in the proper amount shall
ATTENTION	······
Failure to file notice in the appropriate states will not result in a loss of the federal exappropriate federal notice will not result in a loss of an available state exemption unlease filing of a federal notice.	

A. BASIC IDENTIFICATION DATA		
2. Enter the information requested for the following:		
<ul> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> </ul>		•
<ul> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition o</li> </ul>	f, 10% or more of	a class of equity securities of the issuer.
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and mana</li> </ul>	iging partners of	partnership issuers; and
<ul> <li>Each general and managing partner of partnership issuers.</li> </ul>		
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or
Goldberg, Benjamin	₩.	Managing Partner
Full Name (Last name first, if individual)		
411 Broadway, Nashville TN 37203		
Business or Residence Address (Number and Street, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·
Check Box(es) that Apply: Promoter X Beneficial Owner X Executive Officer	Director	General and/or
Goldberg, Max		Managing Partner
Full Name (Last name first, if individual)		
411 Broadway, Nashville TN 37203		
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)		•
		<u> </u>
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual)		
Ducineer or Davidance Address (Number and Street City State 7in Code)		
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
Cited Box(es) and Apply.	☐ <i>D</i> <b>cc.</b> .c.	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 she	eet, as necessary)	

				<u> </u>	В. П	NFORMAT	ON ABOU	T OFFERI	NG				
	11 d					11 4			thin offeri			Yes	No
1.	Has the	issuer soid	l, or does th			ii, to non-a Appendix,						×	Ш
2.	What is	the minim	um investm					=				s 25	,000
<b>4</b> ·	2. What is the minimum investment that will be accepted from any individual?										•••••	Yes	No
3.	3. Does the offering permit joint ownership of a single unit?												
4.	commis If a pers or states	sion or sim son to be lis s, list the na	tion request ilar remune ited is an ass ame of the b you may s	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchase int of a brok ore than five	ers in conne er or deale e (5) persor	ection with r registered ns to be list	sales of sec I with the S ed are asso	curities in t SEC and/or	he offering with a state		
Ful	l Name (l	Last name	first, if indi	ividual)			N1/A						
Bu	siness or	Residence	Address (N	lumber and	d Street, C	tv. State. Z	N/A (in Code)						·· ——.
						, , 2.2.2, 2							
Na	me of Ass	sociated Bi	oker or De	aler									
Sta	tes in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		,		•		
	(Check	"All States	s" or check	individual	States)	.,,	***************************************	******************	***************************************	***********		☐ Al	l States
	ΛI.	[AK]	AZ	AR	CA	CO	CT	DE	DC	FL	ĜΛ	HI	[ID]
		IN	ĪĀ	KS	KY	LA	MĒ	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH) [TN]	NJ TX	NM UT	NY] VT]	NC) VA)	ND WA	OH WV	OK WI	OR WY)	PA PR
		[00]	<u>[5</u> 2]	[114]	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>				<u> </u>
Ful	l Name (	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)		···				
Na	ne of Ass	sociated Bi	oker or De	aler		······	<del></del>	· · · · · · · · · · · · · · · · · · ·	· · ·	<u> </u>	· <del></del> · · · ·	<del> </del>	<del></del>
Sto	tes in Wh	nich Darcon	Listed Has	Colinited	or Intende	to Colinit	Durchagara				· · · · · ·		
Sta			s" or check									□ Al	l States
					·								
	AL IL	AK IN	AZ IA	[AR]	CA KY	CO LA	CT ME	DE MD	MA	FL MI	GA MN	HI 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
Ful	l Name (	Last name	first, if indi	ividual)									
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Nai	ne of Ass	sociated Bi	oker or De	aler							<del>,</del>	<del></del>	
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers				<del> </del>		
			" or check						•••••			☐ AI	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	[D]
		AK IN NE	AZ IA NV	AR KS NH	CA KY NJ	CO LA NM	CT ME NY	DE MD NC	DC MA ND	FL MI OH	GA MN OK	HI MS OR	ID MO PA

(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

	this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate	Am	ount Already
	Type of Security	Offering Price		Sold
	Debt		\$	
	Equity	350,000	\$	-0-
	Common Preferred			
	Convertible Securities (including warrants)	<u> </u>	\$	
	Partnership Interests		\$	<del> </del>
	Other (Specify)		\$	
	Total	350,000	<b>S</b>	-0-
	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."			Aggregate
		Number Investors		ollar Amount f Purchases
	Accredited Investors		\$	<del></del>
	Non-accredited Investors	0	\$_	0
	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.			
	Tura of Officia	Type of	D	ollar Amount
	Type of Offering	Security		Sold
	Rule 505		» <u> </u>	
	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		<b>S</b>	
	Printing and Engraving Costs		s	
	Legal Fees	X	\$	10,000
	Accounting Fees		s	1,000
	Engineering Fees		\$	
	Sales Commissions (specify finders' fees separately)		\$	
	Other Expenses (identify)		s	
	Total		<u> </u>	11.000

	C. OFFERING PRICE, NUMBER O	OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	<del>.,,, -</del>	
	b. Enter the difference between the aggregate offering pr and total expenses furnished in response to Part C — Quest proceeds to the issuer."	ion 4.a. This difference is the "adjusted gross		<b>s</b>	339,000
5.	Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any purcheck the box to the left of the estimate. The total of the p proceeds to the issuer set forth in response to Part C—	pose is not known, furnish an estimate and ayments listed must equal the adjusted gross			
			Payments to Officers, Directors, & Affiliates	P	ayments to Others
	Salaries and fees			. 🗀 \$_	
	Purchase of real estate			. 🗖 \$_	
	Purchase, rental or leasing and installation of machiner and equipment		s	_ <b>s</b> _	• .
	Construction or leasing of plant buildings and facilities			. 🗵 S_	150,000
	Acquisition of other businesses (including the value of offering that may be used in exchange for the assets or issuer pursuant to a merger)	securities of another	_ ¬s	<b>□</b> s	
	Repayment of indebtedness		_	- □ °- □ \$	
	Working capital				•
	Other (specify):	_	רייייייייייייייייייייייייייייייייייי	- ഥാ°- - □\$_	
				-~ليا -	
			<b></b>	s_	
	Column Totals	[	<b></b>	. 🗆 s	339,000
	Total Payments Listed (column totals added)		☐ <b>s</b>	339,0	000
	D	FEDERAL SIGNATURE			
sig	e issuer has duly caused this notice to be signed by the undenature constitutes an undertaking by the issuer to furnish t information furnished by the issuer to any non-accredite	o the U.S. Securities and Exchange Commis-	sion, upon writte		
Iss	uer (Print or Type) 1711 Division, LLC	I de la constant de l	Pate 2/2/29	_	
Na	me of Signer (Print or Type) Title	of Signer (Print or Type)	• •	-	
	Benjamin Goldberg	President			

- ATTENTION -

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

	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 <b>⊠</b>						
	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 find (17 CFR 239.500) at such times as required by state law.	led a no	tice on Form						
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furn	ished by the						
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ent limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.								
	ner has read this notification and knows the contents to be true and has duly caused this notice to be signed on its beha thorized person.	lf by the	undersigned						
Issuer (	Print or Type)  1711 Division, LLC  Signature  2/2/69		<del></del>						
Name (	Print or Type) Title (Print or Type)								

President

#### Instruction

Benjamin Goldberg

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** 2 4 ı 3 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate offering price explanation of Type of investor and to non-accredited investors in State offered in state amount purchased in State waiver granted) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) Number of Number of Accredited Non-Accredited Yes No Investors Investors Amount Yes No State Amount ALΑK ΑZ AR $\mathsf{C}\mathsf{A}$ CO CT DE DC FL GA ΗI ID ΙL IN IΑ KS ΚY LA ME MD MA MI MNMS

#### **APPENDIX** 5 1 2 3 4 Disqualification under State ULOE Type of security (if yes, attach Intend to sell and aggregate explanation of to non-accredited offering price Type of investor and investors in State offered in state amount purchased in State waiver granted) (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Investors Investors Amount Yes No State Yes No Amount MO MT NE NV NH NJ NM 25,000 **LLC Interests** х Х 1 NY NC ND OН OK OR PΑ RI SCSD150,000 6 X LLC Interests TN Х TX UT VT VAWA wv WI

				APP	ENDIX				
1		2	3  Type of security	4				5 Disqualification under State ULOE	
	to non-a	to sell accredited s in State a-Item 1)	and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				attach ation of granted) -Item !)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

