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FORM D

ORIGINAL

OMB APPROVAL

Notice of Exempt Offering of Securities

U.S. Securities and Exchange Commission

Washington, DC 20549

OMB Number: 3235-0076

Expires: February 28, 2009

Estimated average burden hours per response: 4.00

(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

Georgia Tax Exempt Bond Fund Limited

Previous Name(s)

None

Jurisdiction of Incorporation/Organization

Georgia

Entity Type (Select one)

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

Year of Incorporation/Organization (Select one)

- Over Five Years Ago
Within Last Five Years (specify year)
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).)

Item 2. Principal Place of Business and Contact Information

Street Address 1

3625 Cumberland Boulevard, Suite 1120

Street Address 2

City

Atlanta

State/Province/Country

Georgia

ZIP/Postal Code

30339

Phone No.

404.261.1333

PROCESSED

MAR 27 2009

THOMSON REUTERS

Item 3. Related Persons

Last Name

Woods

First Name

Kenneth

Middle Name

Street Address 1

3625 Cumberland Boulevard, Suite 1120

Street Address 2

City

Atlanta

State/Province/Country

Georgia

ZIP/Postal Code

30339



09035861

Relationship(s): Executive Officer, Director, Promoter

Clarification of Response (if Necessary) General Partner

(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
Business Services
Energy
Health Care
Manufacturing
Real Estate
Construction
REITS & Finance
Residential
Other Real Estate
Retailing
Restaurants
Technology
Travel
Other

**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  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)**

- 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  No

Clarification of Response (if Necessary)

Item 11. Minimum Investment

Minimum investment accepted from any outside investor \$ 100,000 (subject to waiver)

Item 12. Sales Compensation

Recipient information fields including Recipient CRD Number, (Associated) Broker or Dealer, Street Address 1, Street Address 2, City, State/Province/Country, and ZIP/Postal Code.

States of Solicitation grid with checkboxes for all 50 states and DC, plus an 'All States' checkbox.

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

Item 13. Offering and Sales Amounts

Fields for (a) Total Offering Amount, (b) Total Amount Sold (47,485,452.6), and (c) Total Remaining to be Sold, with 'OR Indefinite' checkboxes.

Clarification of Response (if Necessary) text box.

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: 49.

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 \$ and Finders' Fees \$ fields with 'Estimate' checkboxes.

Clarification of Response (if Necessary) text box.

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.

\$ 10,000

Estimate

Clarification of Response (if Necessary)

The Issuer will pay its investment manager, Asset Preservation Advisors, Inc., a quarterly fee equal to 0.0625% of assets. In addition, the issuer will pay directly and/or reimburse the General Partner and its affiliates up to \$10,000 of organizational and offering expenses advanced on behalf of the Issuer.

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 (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.)

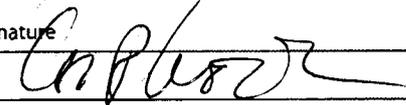
Issuer(s)

APA Short Term Tax Exempt Bond Fund Limited Partnership I

Name of Signer

Kenneth R. Woods

Signature



Title

Manager of General Partner

Number of continuation pages attached:

1

Date

3/10/09

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.

Item 3 Continuation Page

Item 3. Related Persons (Continued)

Last Name: Woods      First Name: Kevin      Middle Name: B.

Street Address 1: 3625 Cumberland Boulevard, Suite 1120      Street Address 2:

City: Atlanta      State/Province/Country: Georgia      ZIP/Postal Code: 30339

Relationship(s):  Executive Officer     Director     Promoter

Clarification of Response (if Necessary):

Last Name: Doty      First Name: Charles      Middle Name: R.

Street Address 1: 3625 Cumberland Boulevard, Suite 1120      Street Address 2:

City: Atlanta      State/Province/Country: Georgia      ZIP/Postal Code: 30339

Relationship(s):  Executive Officer     Director     Promoter

Clarification of Response (if Necessary):

Last Name:      First Name:      Middle Name:

Street Address 1:      Street Address 2:

City:      State/Province/Country:      ZIP/Postal Code:

Relationship(s):  Executive Officer     Director     Promoter

Clarification of Response (if Necessary):

Last Name:      First Name:      Middle Name:

Street Address 1:      Street Address 2:

City:      State/Province/Country:      ZIP/Postal Code:

Relationship(s):  Executive Officer     Director     Promoter

Clarification of Response (if Necessary):

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

END