



**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 Boxes that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> General Partner of the Partnership (the "General Partner")
Full Name (Last name first, if individual) <b>Makena Capital Management, LLC</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>2755 Sand Hill Road, Suite 200, Menlo Park, California 94025</b>					
Check Boxes that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Managing Director of the General Partner
Full Name (Last name first, if individual) <b>Michael G. McCaffery</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>c/o Makena Capital Management, LLC, 2755 Sand Hill Road, Suite 200, Menlo Park, California 94025</b>					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Managing Director of the General Partner
Full Name (Last name first, if individual) <b>Michael L. Ross</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>c/o Makena Capital Management, LLC, 2755 Sand Hill Road, Suite 200, Menlo Park, California 94025</b>					
Check Box(es) that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Managing Director of the General Partner
Full Name (Last name first, if individual) <b>David C. Burke</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>c/o Makena Capital Management, LLC, 2755 Sand Hill Road, Suite 200, Menlo Park, California 94025</b>					
Check Boxes that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Managing Director of the General Partner
Full Name (Last name first, if individual) <b>Susan B. Meaney</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>c/o Makena Capital Management, LLC, 2755 Sand Hill Road, Suite 200, Menlo Park, California 94025</b>					
Check Boxes that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Managing Director of the General Partner
Full Name (Last name first, if individual) <b>Jeffery J. Mora</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>c/o Makena Capital Management, LLC, 2755 Sand Hill Road, Suite 200, Menlo Park, California 94025</b>					
Check Boxes that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Managing Director of the General Partner
Full Name (Last name first, if individual) <b>William R. Miller</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>c/o Makena Capital Management, LLC, 2755 Sand Hill Road, Suite 200, Menlo Park, California 94025</b>					
Check Boxes that Apply:	<input type="checkbox"/> Promoter	<input type="checkbox"/> Beneficial Owner	<input type="checkbox"/> Executive Officer	<input checked="" type="checkbox"/> Director	<input checked="" type="checkbox"/> Managing Director of the General Partner
Full Name (Last name first, if individual) <b>John P. Rohal</b>					
Business or Residence Address (Number and Street, City, State, Zip Code) <b>c/o Makena Capital Management, LLC, 2755 Sand Hill Road, Suite 200, Menlo Park, California 94025</b>					

**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  Other

Full Name (Last name first, if individual)  
**IPS-MAK QTS Pte. Ltd.**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**167 Robinson Road, #37-01 Capital Tower, Singapore 068912**

Check Box(es) that Apply:  Promoter  **Beneficial Owner**  Executive Officer  Director  Other

Full Name (Last name first, if individual)  
**Makdor**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**P.O. Box 3600, Abu Dhabi, United Arab Emirates**

Check Box(es) that Apply:  Promoter  **Beneficial Owner**  Executive Officer  Director  Other

Full Name (Last name first, if individual)  
**Qatar Investment Authority**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**P.O. Box 23224, Ministry of Finance Building, Doha, Qatar**

Check Box(es) that Apply:  Promoter  **Beneficial Owner**  Executive Officer  Director  Other

Full Name (Last name first, if individual)  
**QIC atf QIC Global Strategy Trust No. 2A**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**Queensland Investment Corporation, Level 6, Central Plaza Two, 66 Eagle Street, Brisbane, Queensland 4000, Australia**

Check Box(es) that Apply:  Promoter  **Beneficial Owner**  Executive Officer  Director  Other

Full Name (Last name first, if individual)  
**The Northern Trust Company in its capacity as custodian for Future Fund Investment Company No. 3 Pty Ltd**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**Level 47, 80 Collins Street, Melbourne, Victoria 3000 Australia**

Check Box(es) that Apply:  Promoter  **Beneficial Owner**  Executive Officer  Director  Other

Full Name (Last name first, if individual)  
**Portman Limited**

Business or Residence Address (Number and Street, City, State, Zip Code)  
**Silver Tower, Corniche Road, PO Box 61999, Abu Dhabi, United Arab Emirates**

Check Box(es) that Apply:  Promoter  Beneficial Owner  Executive Officer  Director  Other

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  Other

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  Other

Full Name (Last name first, if individual)

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

**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 X  
 Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from any individual?..... N/A
3. Does the offering permit joint ownership of a single unit?..... Yes X 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)

**Desjardins, Peter E.**

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

**1301 ARBIFT Tower, P.O. Box 5724, Dubai, United Arab Emirates**

Name of Associated Broker or Dealer

**Magog & Cie Limited**

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

NON-DOMESTIC SOLICITATIONS ONLY

(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]	[VA]	[WV]	[WI]	[WY]	[PR]

Full Name (Last name first, if individual)

**Steven Hall, Managing Director**

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

**Suite 2, 60 Moncur Street, Woollahra NSW Australia 2025**

Name of Associated Broker or Dealer

**Brookvine Pty Limited**

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

NON-DOMESTIC SOLICITATIONS ONLY

(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]	[VA]	[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]
[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]	[VA]	[WV]	[WI]	[WY]	[PR]

**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 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 .....	\$ _____	\$ _____
Equity .....	\$ _____	\$ _____
<input type="checkbox"/> Common <input type="checkbox"/> Preferred		
Convertible Securities (including warrants) .....	\$ _____	\$ _____
<b>Partnership Interests</b> .....	<b>\$341,206,569.87</b> <sup>1</sup>	<b>\$341,206,569.87</b> <sup>1</sup>
Other (Specify: _____)	\$ _____	\$ _____
<b>Total</b> .....	<b>\$341,206,569.87</b>	<b>\$341,206,569.87</b>

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
<b>Accredited Investors</b> .....	<u>9</u>	<u>\$341,206,569.87</u>
<b>Non-accredited Investors</b> .....	<u>0</u>	<u>\$ 0.00</u>
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.

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 issuer. 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 type="checkbox"/>	\$ _____
Printing and Engraving Costs .....	<input type="checkbox"/>	\$ _____
Legal Fees .....	<input type="checkbox"/>	\$ _____
Accounting Fees .....	<input type="checkbox"/>	\$ _____
Engineering Fees .....	<input type="checkbox"/>	\$ _____
Sales Commissions (specify finders' fees separately) .....	<input type="checkbox"/>	\$ _____
Other Expenses (Specify) .....	<input type="checkbox"/>	\$ _____
Total .....	<input type="checkbox"/>	\$ _____

<sup>1</sup> As of July 1, 2007.

**C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS**

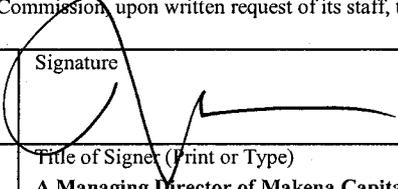
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer"..... \$341,206,569.87

5. Indicate below the amount of the adjusted gross proceeds 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.

	Payment to Officers, Directors, & Affiliates	Payment To Others
Salaries and fees .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase of real estate .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Purchase, rental or leasing and installation of machinery and equipment .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Construction or leasing of plant buildings and facilities .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
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 type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
Repayment of indebtedness .....	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
<b>Working capital (a portion of the working capital will be used to pay various fees and expenses over the life of the Partnership, payable to the General Partner .....</b>	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> <u>\$341,206,569.87</u>
Other (specify): _____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____
<b>Column Totals .....</b>	<input type="checkbox"/> \$ _____	<input checked="" type="checkbox"/> <u>\$341,206,569.87</u>
<b>Total Payments Listed (column totals added) .....</b>		<input checked="" type="checkbox"/> <u>\$341,206,569.87</u>

**D. FEDERAL SIGNATURE**

The issuer had 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 an 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) <b>Makena Capital Splitter M, L.P.</b>	Signature 	Date March <u>10</u> , 2009
Name of Signer (Print or Type) <b>Bill Miller</b>	Title of Signer (Print or Type) <b>A Managing Director of Makena Capital Management, LLC which serves as the General Partner of Makena Capital Splitter M, L.P.</b>	

**ATTENTION**

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

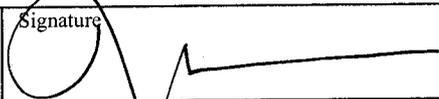
E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?..... Yes  No

See Appendix, Column 5, for state response.

2. The undersigned issuer hereby undertakes to furnish to the state administrator of any state in which the notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3. The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type) <b>Makena Capital Splitter M, L.P.</b>	Signature 	Date March <u>10</u> , 2009
Name (Print or Type) <b>Bill Miller</b>	Title (Print or Type) <b>A Managing Director of Makena Capital Management, LLC which serves as the General Partner of Makena Capital Splitter M, L.P.</b>	

*Instruction:*

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**

1	2		3	4				5	
	Intend to sell to non-accredited investors in State (Part B-Item 1)			Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1))
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
MA									
MD									
ME									
MI									
MN									
MS									
MO									

**APPENDIX**

1 State	2 Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted (Part E-Item 1))	
	Yes	No		Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes
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									

**END**