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ORIGINAL

FORM D

SEC Mail Processing

Section

U.S. Securities and Exchange Commission

Washington, DC 20549

Notice of Exempt Offering of Securities

MAR 13 2009

Washington, DC

(See instructions beginning on page 5)

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

OMB APPROVAL	
OMB Number: 3235-0076	
Expires: March 31, 2009	
Estimated average burden hours per response: 4.00	

Item 1. Issuer's Identity

Name of Issuer

Circle Strategic Allocation Fund, L.P.

Jurisdiction of Incorporation/Organization

Delaware

Year of Incorporation/Organization (Select one)

Over Five Years Ago Within Last Five Years (specify year) 2004 Yet to Be Formed

Previous Name(s)

None

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).)

PROCESSED MAR 27 2009 THOMSON REUTERS

Item 2. Principal Place of Business and Contact Information

Street Address 1

11450 Interchange Circle North

City

Miramar

State/Province/Country

Florida

Street Address 2

ZIP/Postal Code

33025

Phone No.

305.651.8000

Item 3. Related Persons

Last Name

Circle Partners, L.P.

First Name

Middle Name

Street Address 1

11450 Interchange Circle North

City

Miramar

State/Province/Country

Florida

Street Address 2

ZIP/Postal Code

33025



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

- Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund

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

Business Services

Energy

- Electric Utilities Energy Conservation Coal Mining Environmental Services Oil & Gas Other Energy

Health Care

- Biotechnology Health Insurance Hospitals & Physicians Pharmaceuticals Other Health Care

Manufacturing

Real Estate

Commercial

Construction

- REITS & Finance Residential Other Real Estate

Retailing

Restaurants

Technology

- Computers Telecommunications Other Technology

Travel

- Airlines & Airports Lodging & Conventions Tourism & Travel Services Other 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)

- | | | |
|--|---|---|
| <input type="checkbox"/> Rule 504(b)(1) (not (i), (ii) or (iii)) | Investment Company Act Section 3(c) | |
| <input type="checkbox"/> Rule 504(b)(1)(i) | <input checked="" type="checkbox"/> Section 3(c)(1) | <input type="checkbox"/> Section 3(c)(9) |
| <input type="checkbox"/> Rule 504(b)(1)(ii) | <input type="checkbox"/> Section 3(c)(2) | <input type="checkbox"/> Section 3(c)(10) |
| <input type="checkbox"/> Rule 504(b)(1)(iii) | <input type="checkbox"/> Section 3(c)(3) | <input type="checkbox"/> Section 3(c)(11) |
| <input type="checkbox"/> Rule 505 | <input type="checkbox"/> Section 3(c)(4) | <input type="checkbox"/> Section 3(c)(12) |
| <input checked="" type="checkbox"/> Rule 506 | <input type="checkbox"/> Section 3(c)(5) | <input type="checkbox"/> Section 3(c)(13) |
| <input type="checkbox"/> Securities Act Section 4(6) | <input type="checkbox"/> Section 3(c)(6) | <input type="checkbox"/> Section 3(c)(14) |
| | <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 type="checkbox"/> Equity | <input checked="" 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 \$ 500,000 (subject to waiver)

Item 12. Sales Compensation

Recipient

[Empty box for Recipient name]

Recipient CRD Number

[Empty box for Recipient CRD Number]

No CRD Number

(Associated) Broker or Dealer None

(Associated) Broker or Dealer CRD Number

[Empty box for (Associated) Broker or Dealer]

[Empty box for (Associated) Broker or Dealer CRD Number]

No CRD Number

Street Address 1

Street Address 2

[Empty box for Street Address 1]

[Empty box for Street Address 2]

City

State/Province/Country

ZIP/Postal Code

[Empty box for City]

[Empty box for State/Province/Country]

[Empty box for ZIP/Postal Code]

States of Solicitation All States

- Grid of checkboxes for 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 \$ [Empty box]

OR Indefinite

(b) Total Amount Sold \$ 31,906,751

(c) Total Remaining to be Sold (Subtract (a) from (b)) \$ [Empty box]

OR Indefinite

Clarification of Response (if Necessary)

U.S. investors only - net of withdrawals.

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:

[Empty box for number of non-accredited investors]

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

68

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 \$ [Empty box]

Estimate

Clarification of Response (if Necessary)

Finders' Fees \$ [Empty box]

Estimate

[Empty box for Clarification of Response]

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.

\$ 25,000

Estimate

Clarification of Response (if Necessary)

The general partner and its assignees will receive a quarterly cash fee in an amount equal to 0.25% aggregate of partner capital account balances and a yearly incentive profit allocation equal up to 10% of net profits subject to a high water mark. The Issuer will also reimburse the general partner and its affiliates for approximately \$25,000 of organizational and initial offering expenses.

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.)

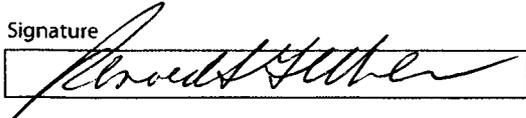
Issuer(s)

Circle Strategic Allocation Fund, L.P.

Name of Signer

Ronald S. Gelber

Signature



Title

President 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: Gelber Consulting Corp. First Name: Middle Name:

Street Address 1: 11450 Interchange Circle North Street Address 2:

City: Miramar State/Province/Country: Florida ZIP/Postal Code: 33025

Relationship(s): Executive Officer Director Promoter

Clarification of Response (if Necessary): General Partner of General Partner

Last Name: Gelber First Name: Ronald Middle Name: S.

Street Address 1: 11450 Interchange Circle North Street Address 2:

City: Miramar State/Province/Country: Florida ZIP/Postal Code: 33025

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):

END