#### SECURITIES AND EXCHANGE COMMISSION

## FORM D/A

Official notice of an offering of securities that is made without registration under the Securities Act in reliance on an exemption provided by Regulation D and Section 4(6) under the Act.

[amend]

Filing Date: **2013-01-11 SEC Accession No.** 0000798402-13-000001

(HTML Version on secdatabase.com)

#### **FILER**

#### **BERMUDA FUND L P**

CIK:798402| IRS No.: 592579085 | State of Incorp.:DE | Fiscal Year End: 1231 Type: D/A | Act: 33 | File No.: 021-23521-A | Film No.: 13525715

Mailing Address
ONE PALMER SQUARE
SUITE 530
PRINCETON NJ 08542

Business Address ONE PALMER SQUARE SUITE 530 PRINCETON NJ 08542 800-392-2498

#### **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

Washington, D.C. 20549 **FORM D** 

### **Notice of Exempt Offering of Securities**

OMB	APPR	OVAL
OMB Nun	nber:	3235-0076
Expires:	June 30, 2012	
Estimated burden	l average	
hours per		4.00

response:

1. Issuer's Identity				
CIK (Filer ID Number)		Previous Name(s)	None	Entity Type
0000798402				□Corporation
Name of Issuer				
BERMUDA FUND L P				☐ Limited Liability Company
Jurisdiction of Incorpora	ation/			☐ General Partnership
Organization DELAWARE				☐ Business Trust
Year of Incorporation/O	rganization			□ Other
Over Five Years Ago	_			
☐ Within Last Five Yea				
☐ Yet to Be Formed	is (Specify Teal)			
☐ Tet to be Formed				
2. Principal Place of B	Business and Co	ntact Information		
Name of Issuer				
BERMUDA FUND L P				
Street Address 1			Street Address	2
ONE PALMER SQUAF	RE		SUITE 530	
City	State/Province/	Country	ZIP/Postal Code	Phone No. of Issuer
PRINCETON	NEW JERSEY		08542	800-392-2498
3. Related Persons				
Last Name		First Name		Middle Name
Keck		Robert		T.
Street Address 1		Street Address 2		
One Palmer Square		Suite 530		
City		State/Province/Cou	untry	ZIP/Postal Code
Princeton		NEW JERSEY		08542
Relationship: 🗷 Execu	utive Officer 🗷 Dire	ector 🗷 Promoter		
Clarification of Respons	se (if Necessary)			
Executive Officer and D	Director of Co-Ma	naging Member of Issu	uer's General Part	ner
Last Name		First Name		Middle Name
Keck		Jacque		
Street Address 1		Street Address 2		
One Palmer Square		Suite 530		
City		State/Province/Cou	untry	ZIP/Postal Code

McDonnell John W.  Street Address 1 Street Address 2 Street Address 2 One Palmer Square Suite 530 StateProvince/Country ZIP/Postal Code Princeton NEW JERSEY 08542  Relationship: ☑ Executive Officer ☑ Director ☑ Promoter  Clarification of Response (if Necessary)  Executive Officer and Director of Co-Managing Member of Issuer's General Partner  Last Name First Name Middle Name Latera M.  Street Address 1 Street Address 2 M.  Street Address 1 Street Address 2 M.  City State/Province/Country ZIP/Postal Code Princeton New JERSEY 08542  Relationship: ☑ Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)	Princeton	NEW JERSEY	08542
Executive Officer of Co-Managing Member of Issuer's General Partner  Last Name   First Name   Middle Name   W.    Street Address 1   Street Address 2   Suite 530    City   State/Province/Country   ZiP/Postal Code   Princeton   New JERSEY   08542    Relationship: Executive Officer Director Promoter  Clarification of Response (if Necessary)  Executive Officer and Director of Co-Managing Member of Issuer's General Partner  Last Name   First Name   Middle Name   M.    Street Address 1   Street Address 2   M.    One Palmer Square   Suite 530    City   State/Province/Country   ZiP/Postal Code   Princeton   M.    Street Address 1   Street Address 2   Street Address 2   Suite 530    City   State/Province/Country   ZiP/Postal Code   Princeton   Princeton   Princeton   Promoter    Clarification of Response (if Necessary)  Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Realth Carc   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Health Carc   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Health Insurance   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Retail Carc   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Retail Carc   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group   Retailing   Restaurans    Executive Officer of Co-Managing Members of the Issuer's General Pa	Relationship:	rector  Promoter	
McDonnell John W.  Street Address 1 Street Address 2 One Palmer Square Suite 530 City State/Province/Country ZIP/Postal Code Princeton NEW JERSEY 08542  Relationship: ☑ Executive Officer ☑ Director ☑ Promoter  Clarification of Response (if Necessary)  Executive Officer and Director of Co-Managing Member of Issuer's General Partner  Last Name First Name Middle Name  Latelia Laura M.  Street Address 1 Street Address 2 One Palmer Square Suite 530 City State/Province/Country ZIP/Postal Code Princeton NEW JERSEY 08542  Relationship: ☑ Executive Officer □ Director □ Promoter  Clarification of Response (if Necessary)  Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group  □ Agriculture Health Care □ Retailing □ Banking & Financial Services □ Biotechnology □ Restaurants □ Commercial Banking □ Health Insurance □ Insurance □ Hospitals & Physicians □ Investing □ Pharmaceuticals □ Technology □ Insurance □ Hospitals & Physicians □ Investment Banking □ Other Health Care □ Computers □ Investment Banking □ Other Health Care □ Computers □ Investment Banking □ Other Health Care □ Computers □ Investment Equal □ Commercial □ Airlines & Airports □ Private Equity Fund □ Commercial □ Airlines & Airports □ Private Equity Fund □ Commercial □ Airlines & Airports □ Commercial = National □ Construction □ Lodging & Conventions □ Step in National □ Construction □ Coding & Conventions □ Step in National □ Construction □ Coding & Conventions □ Step in National □ Construction □ Coding & Conventions □ Step in National □ Construction □ Coding & Conventions □ Cother Travel □ Other Travel □ Cother Banking & Financial Services			
Last Name   First Name   Middle Name   Latella   Laura   M.   Street Address 1   Street Address 2   One Palmer Square   Suite 530   City   State/Province/Country   ZIP/Postal Code   Princeton   NEW JERSEY   08542   Relationship:  Executive Officer   Director   Promoter   Clarification of Response (if Necessary) Executive Officer of Co-Managing Members of the Issuer's General Partner  4. Industry Group     Agriculture   Health Care   Retailing   Restaurants     Banking & Financial Services   Biotechnology   Restaurants     Commercial Banking   Health Insurance   Hospitals & Physicians   Computers     Investing   Pharmaceuticals   Technology     Investing   Pharmaceuticals   Telecommunications     Investment Banking   Other Health Care   Other Technology     Hedge Fund   Real Estate   Travel     Private Equity Fund   Commercial   Airlines & Airports     Other Investment Fund   REITS & Finance   Tourism & Travel Services     Is the issuer registered as an investment Company Act of 1940?   Yes ENo     Other Banking & Financial Services   Other Texal Services     Other Banking & Financial Services   Other Texal Services     Other Banking & Financial Services   Other Texal Services     Other Banking & Financial Services   Other Services   Other Services     Other Banking & Financial Services   Other Services   Oth	City Princeton Relationship:  Executive Officer Di Clarification of Response (if Necessary)	John Street Address 2 Suite 530 State/Province/Country NEW JERSEY rector Promoter	W.  ZIP/Postal Code  08542
### Agriculture	City Princeton	Laura Street Address 2 Suite 530 State/Province/Country NEW JERSEY	M.  ZIP/Postal Code
□ Agriculture       Health Care       □ Retailing         Banking & Financial Services       □ Biotechnology       □ Restaurants         □ Commercial Banking       □ Health Insurance       □ Technology         □ Investing       □ Hospitals & Physicians       □ Computers         □ Investment Banking       □ Other Health Care       □ Other Technology         ☑ Pooled Investment Fund       □ Real Estate       □ Other Technology         ☐ Private Equity Fund       □ Commercial       □ Airlines & Airports         ☐ Venture Capital Fund       □ Construction       □ Airlines & Airports         ☐ Other Investment Fund       □ Residential       □ Other Travel         *Is the issuer registered as an investment company under the Investment Company Act of 1940?       □ Other Real Estate       □ Other Travel         ☐ Yes ☑No       □ Other Banking & Financial       □ Other         ○ Other Banking & Financial       □ Other	• • •		
Banking & Financial Services   Biotechnology   Restaurants     Commercial Banking   Health Insurance   Technology     Insurance   Hospitals & Physicians   Computers     Investing   Pharmaceuticals   Telecommunications     Investment Banking   Other Health Care   Other Technology     Pooled Investment Fund   Real Estate   Airlines & Airports     Private Equity Fund   Commercial   Airlines & Airports     Venture Capital Fund   Construction   Lodging & Conventions     Other Investment Fund   REITS & Finance   Tourism & Travel Services     Investment Company under the Investment Company under the Investment Company Act of 1940?   Yes INO     Other Banking & Financial Services     Other Banking & Financial Services     Other Banking & Financial Services   Siote choose   Computers     Computers   Technology   Travel   Other Technology     Travel   Airlines & Airports   Lodging & Conventions     Other Travel   Other Travel   Other Travel     Other Banking & Financial   Other Banking & Financial     Other Banking & Financial   Other Banking & Financial   Other Banking & Financial     Other Banking & Financial   Other Banking & Financial   Other Banking & Financial   Other Banking & Financial   Other Bank	4. Industry Group		
	Banking & Financial Services  Commercial Banking Insurance Investing Investment Banking Pooled Investment Fund 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	<ul> <li>□ Biotechnology</li> <li>□ Health Insurance</li> <li>□ Hospitals &amp; Physicians</li> <li>□ Pharmaceuticals</li> <li>□ Other Health Care</li> <li>□ Manufacturing</li> <li>Real Estate</li> <li>□ Commercial</li> <li>□ Construction</li> <li>□ REITS &amp; Finance</li> <li>□ Residential</li> </ul>	□ Restaurants  Technology □ Computers □ Telecommunications □ Other Technology  Travel □ Airlines & Airports □ Lodging & Conventions □ Tourism & Travel Services □ Other Travel
Energy	☐ Business Services		

	<ul> <li>□ Coal Mining</li> <li>□ Electric Utilities</li> <li>□ Energy Conservation</li> <li>□ Environmental Services</li> <li>□ Oil &amp; Gas</li> <li>□ Other Energy</li> </ul>			
5. Is	ssuer Size			
Rev	venue Range		Agg	regate Net Asset Value Range
	No Revenues			No Aggregate Net Asset Value
	\$1 - \$1,000,000			\$1 - \$5,000,000
	\$1,000,001 - \$5,000,000			\$5,000,001 - \$25,000,000
	\$5,000,001 - \$25,000,000			\$25,000,001 - \$50,000,000
	\$25,000,001 - \$100,000,000			\$50,000,001 - \$100,000,000
	Over \$100,000,000			Over \$100,000,000
	Decline to Disclose		X	Decline to Disclose
	Not Applicable			Not Applicable
6. F	ederal Exemption(s) and Exc	lusion(s) Claimed (s	select	t all that apply)
□R	ule 504(b)(1) (not (i), (ii) or (iii)	) □Rule 505		
□R	ule 504 (b)(1)(i)	☑Rule 506		
□R	ule 504 (b)(1)(ii)	☐Securities Act Sec	tion 4	H(6)
□R	ule 504 (b)(1)(iii)	☑Investment Compa	any A	ct Section 3(c)
		□Section 3(c)(1	) 🗆	Section 3(c)(9)
		□Section 3(c)(2	2) 🗆	Section 3(c)(10)
		□Section 3(c)(3	3) 🗆	Section 3(c)(11)
		□Section 3(c)(4	ŀ) □	Section 3(c)(12)
		□Section 3(c)(5	5) 🗆	Section 3(c)(13)
		□Section 3(c)(6	S) 🗆	Section 3(c)(14)
		✓ Section 3(c)(7)	<b>7</b> )	
7. T	ype of Filing			
_ N	New Notice Date of First Sale	  001_00_01	ale Va	et to Occur

#### 

8. Duration of Offering						
Does the Issuer intend this o	ffering to las	t more than or	ne year? ℤ Yes 🗆	No		
9. Type(s) of Securities Off	ered (select	t all that apply	<b>y</b> )			
	-			☐ Equity		
☐ Tenant-in-Common Securi	ties			□Debt		
☐ Mineral Property Securities	s			Option, Warrant or Other Right to Acquire Another Security		
Security to be Acquired Up Right to Acquire Security	oon Exercise	e of Option, Wa	arrant or Other	☐ Other (describe)		
10. Business Combination	Transaction	n				
Is this offering being made in acquisition or exchange offer		with a busines	ss combination tra	nsaction, such as a me	rger,	□ Yes 🗷 No
Clarification of Response (if I	Necessary)					
11. Minimum Investment						
Minimum investment accepte	ed from any	outside invest	or\$ 1,000,000 US	SD		
12. Sales Compensation						
Recipient			Recipient CRD N	Number □ None		
(Associated) Broker or Deale	er □ None		(Associated) Bro Number	ker or Dealer CRD	□None	
Street Address 1			Street Address 2			
City			State/Province/C	ountry		ZIP/Postal Code
State(s) of Solicitation (select apply) Check "All States" or check in States		□ All □ States	□ Foreign/non-U	S		
13. Offering and Sales Amo	ounts					
Total Offering Amount \$	<b>;</b>	USD or <b>∡</b> Ind	efinite			
Total Amount Sold \$	25,286,287	USD				
Total Remaining to be Sold\$	;	USD or 🗷 Ind	efinite			
Clarification of Response (if I	Necessary)					
14. Investors						

	Select if securities in the offering have been or may be sold to persons who do not qualify as accredited	
	investors, Number of such non-accredited investors who already have invested in the offering	
	Regardless of whether securities in the offering have been or may be sold to persons who do not qualify as accredited investors, enter the total number of investors who already have invested in the offering:	31
15. S	Sales Commissions & Finders' Fees Expenses	
	ride separately the amounts of sales commissions and finders' fees expenses, if any. If the amount of an expending the known, provide an estimate and check the box next to the amount.	ture
Sales	s Commissions \$ 0 USD  ☐ Estimate	
Finde	ers' Fees \$ 0 USD  Estimate	
Clari	ification of Response (if Necessary)	
16. U	Jse of Proceeds	
the p	ride the amount of the gross proceeds of the offering that has been or is proposed to be used for payments to an persons required to be named as executive officers, directors or promoters in response to Item 3 above. If the anaknown, provide an estimate and check the box next to the amount.	
\$ <mark>0</mark>	USD  ☐ Estimate	
Clarif	fication of Response (if Necessary)	
Sign	ature and Submission	
	ase verify the information you have entered and review the Terms of Submission below before signing a king SUBMIT below to file this notice.	nd

#### **Terms of Submission**

In submitting this notice, each Issuer named above 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, 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 it 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 the Issuer is not disqualified from relying on any Regulation D exemption it has identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

Each Issuer identified above 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.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Issuer	Signature	Name of Signe	er Title	Date
BERMUDA FUN	D L P Laura Latell	a Laura Latella	Treasurer of Co-Managers of the Issuer's General Partne	er 2013-01-11

# 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.

\* 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.