FORM D



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 EXEMP

MMISSION	Expires: May 31, 2005 Estimated average burden
	hours per form 1.00
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ITIES //	SEC USE ONLY
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Elo _k	DATE RECEIVED
EMPTION YOU SO	je Cily
ate change)	003570

OMB APPROVAL

3235-0076

OMB Number:

		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	1 7 4 4 7
Name of Offering (check if this is an amendme	ent and name has changed, and indicate cha	ange)	003570
Filing Under (Check box(es) that apply): Type of Filing: New Filing	ule 504 🔲 Rule 505 🖾 Rul Amendment	le 506 🔲 Section	4(6) ULOE
	A. BASIC IDENTIFICATION DATA	A	
1.Enter the information requested about the issuer			
Name of Issuer (check if this is an amer Cheniere Energy, Inc.	ndment and name has changed, and indica	te change)	
Address of Executive Offices (Number and Street, City,	State, Zip Code)	Telephone Number (In	cluding Area Code)
333 Clay Street, Suite 3400, Houston, Texas 77	002-4312	281-578-4600	
Address of Principal business Operations (Num (if different from Executive Offices)	ber and Street, City, State, Zip Code)	Telephone Number (In	cluding Area Code)
			PROCESSED
Brief Description of Business			
Oil and gas exploration and development and de	evelopment of liquefied natural gas r	receiving terminals	MAY 21 2003
Type of Business Organization			THOMSON
□ corporation □ business trust □	limited partnership, already formed limited partnership, to be formed	othe	r (please specify): FINANCIAL
	Month Y	ear ear	
Actual or Estimated Date of Incorporation or Organizat	ion: 0 3 8	3 🛭 Actual	Estimated
Jurisdiction of Incorporation or Organization:	(Enter two letter U.S. Postal Service abbr CN for Canada; FN for other foreign juris		D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on 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. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not 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 sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.



,		A. BASIC ID	DENTIFICATION DATA	<u> </u>	
- Each beneficial owner	ssuer, if the issuer having the power and director of co	has been organized with to vote or dispose, or dir orporate issuers and of co		of, 10% or more of ing partners of partn	a class of equity securities of the issuer; nership issuers; and
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Brandolini, Nuno	individual)				
Business or Residence Address 333 Clay Street, Suite 340			e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Carney, Keith F.	individual)			······	
Business or Residence Address 333 Clay Street, Suite 340			e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Hoenmans, Paul J.	individual)				
Business or Residence Address 333 Clay Street, Suite 340		-	e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Howie, John K.	individual)				
Business or Residence Address 333 Clay Street, Suite 340			e)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if Reimer, Charles M.	individual)				
Business or Residence Address 333 Clay Street, Suite 340			e)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, it Souki, Charif	findividual)				
Business or Residence Addre 333 Clay Street, Suite 34			e)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, it Williams, Walter L.	findividual)				
Business or Residence Addre 333 Clay Street, Suite 34			le)		
	(Use bl	ank sheet, or copy and us	e additional copies of this	sheet, as necessary.)
Failure to file notice in the not result in a loss of an av		will not result in a loss of			o file the appropriate federal notice will ce.

ē					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Furkleson, Don A.	individual)				
Business or Residence Addres 333 Clay Street, Suite 340			e)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Gross, Jonathan S.	individual)			. =	
Business or Residence Addres 333 Clay Street, Suite 340	•		e)		
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 Addres	s (Number and St	reet, City, State, Zip Cod	e)		
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 Addres	s (Number and St	reet, City, State, Zip Cod	e)		
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 Addres	ss (Number and St	treet, City, State, Zip Cod	e)		
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 Addres	ss (Number and S	treet, City, State, Zip Cod	e)		
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 Addres	ss (Number and S	treet, City, State, Zip Cod	e)		
	(Use bl	ank sheet, or copy and us	e additional copies of this	sheet, as necessary.)	
Failure to file notice in the a will not result in a loss of ar		will not result in a loss of			file the appropriate federal notice notice.

				B. IN	FORMATI	ON ABOU	r offerin	iG				
,											Y	es No
1. Has the is: Answer al					accredited in	vestors in th	is offering?.			••••••		
2. What is th	e minimum	investment t	hat will be a	ccepted from	any individ	ual	•••••				\$ <u>N</u>	I/A
3. Does the o	offering pern	nit joint own	ership of a s	ingle unit?		***************************************	••••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				'es No ⊠ □
person or	ion for solic agent of a br	requested for itation of pur oker or dealed are associat	rchasers in co er registered	onnection wi with SEC ar	th sales of sond/or with a s	ecurities in the state or state	he offering. s, list the nar	If a person t ne of the bro	o be listed is oker or deale	s an associater. If more the	ed nan five	
Full Name (L N/A	ast name fir	st, if individ	ual)	-								
Business or F	Residence A	ddress (Num	ber and Stree	et, City, State	e, Zip Code)							
Name of Ass	ociated Brol	cer or Dealer										
States in Whi	ich Person L	isted Has So	licited or Int	ends to Solid	cit Purchaser	s			-			
	"All States"	or check ind	ividual State	:s)		_						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] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [MV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full Name (L				[121]	[01]		[+ 7 1]	[11.11		1 '' -1		[1 1()
Business or F	Residence A	ddress (Num	ber and Stree	et, City, State	e, Zip Code)							
Name of Ass	ociated Brol	cer or Dealer										
States in Wh	ich Person I	isted Has So	licited or Int	ends to Solid	cit Purchaser	S						
		or check ind					,			,		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] Full Name (I	[SC]	[SD]	[TN] ual)	[TX]	[UT]	[VT]	[VA]	[WA]	[MV]	[WI]	[WY]	[PR]
Business or I	Residence A	ddress (Num	ber and Stre	et, City, Stat	e, Zip Code)							
Name of Ass	sociated Brol	ker or Dealer										
States in Wh	ich Person L	isted Has So	olicited or Int	tends to Soli	cit Purchaser	·s						
(Check	"All States"	or check ind	lividual State	es)		***********						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]	[WA]	[MV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PR	OCEE	os —			
i.	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		egate g Price	A		ount dy Sold
	Debt	\$	0	\$,	0
	Equity	\$1,18	9,338*	\$	1,18	39,338*
				•		
	Convertible Securities (including warrants)	\$	0	\$;	0
	Partnership Interests	\$	0	- \$		0
	Other (Specify)	\$	0	- \$		0
	Total	\$1,18	9.338	- •	1.18	39,338
	Answer also in Appendix, Column 3, if filing under ULOE.	Ψ <u>1,1,0</u>	,,,,,,	-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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."					
			nber stors		ollar	regate Amount rchases
	Accredited Investors		17	. \$	1,18	39,338
	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.					
	Type of offering		oe of urity	D		Amount old
	Rule 505		N/A	_ \$	i	N/A
	Regulation A		N/A	\$	<u>-</u>	N/A
	Rule 504		N/A	_ \$;	N/A
	Total		N/A	<u> </u>		N/A
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			□ \$,000
	Printing and Engraving Costs			□ \$		1,000
	Legal Fees			⊠ \$	_1:	5,000
	Accounting Fees		••••	⊠ \$	20	0,000
	Engineering Fees		•••••	□ \$		-
	Sales Commissions (specify finders' fees separately)		••••••	□ \$		•
	Other Expenses (identify)		••••••	□ \$		-
	Total			⊠ \$	3	7,000

* In addition to delivery of the offering price, each investor agreed to cancel existing and outstanding warrants held by such investor. The aggregate amount of warrants cancelled pursuant to this offering was 792,892.

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	C. OFFERING PRI	CE, NUMBER OF INVESTORS, EXPE	NSES AND U	SE OF PROCEEDS		
1	b. Enter the difference between the aggregate total expenses furnished in response to Part C to the issuer."	- Question 4.a. This difference is the "adju	sted gross prod	ceeds	\$	1,152,338
	Indicate below the amount of the adjusted groof the purposes shown. If the amount for any the left of the estimate. The total of the paym set forth in response to Part C - Question 4.b a	purpose is not known, furnish an estimate a ents listed must equal the adjusted gross pro	ınd check the b	ox to		•
				Officers, Directors, & Affiliates		Payments To Others
	Salaries and Fees		□ \$		_ 🗆 💲	#=F4_14_
	Purchase of real estate		□ \$		_ 🗆 \$	
	Purchase, rental or leasing and installation of	machinery and equipment	□ \$		_ 🗆 \$	
	Construction or leasing of plant buildings and	facilities	□ \$		_ 🗆 \$	
	Acquisition of other businesses including the offering that may be used in exchange for the pursuant to a merger)	assets or securities of another issuer	□ \$		□ \$	
	Repayment of indebtedness		□ \$		\$	
	Working capital	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	□ \$		 _XX] \$	1,152,338
	Other (specify):		□ \$		\$	
			□ \$		□ \$	
•	Column Totals		□ \$		 □ \$	
	Total Payments Listed (column totals added)			XX \$ 1,1		
		D. FEDERAL SIGNATURI	 E			<u> </u>
ons	issuer has duly caused this notice to be signed titutes an undertaking by the issuer to furnish the issuer to any non-accredited investor pursuate.	to the U.S. Securities and Exchange Commi				
ssue	er (Print or Type)	Signature		Date		_
Cher	niere Energy, Inc.	Don A. Turkleson		5-1	4-0.	3
Jam	e of Signer (Print or Type)	Title of Signer (Print or Type)	n the de-			····
Oon	A. Turkleson	Chief Financial Officer				

ATTENTION

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

		E. STATE SIGNATURE					
,1.		.262 presently subject to any of the disqualifications of	Yes	No			
	such rule:		Ш	ĽΧ			
		See Appendix, Column 5, for state response.					
2.	The undersigned issuer hereby undert CFR 239, 500) at such times as require	akes to furnish to any state administrator of any state in which this notice is file red by state law.	ed, a notice on Form	D (17			
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.						
4.		t the issuer is familiar with the conditions that must be satisfied to be entitled to tate in which this notice is filed and understands that the issuer claiming the avaises conditions have been satisfied.					
	ssuer has read this notification and know rized person.	vs the contents to be true and has duly caused this notice to be signed on its beh	alf by the undersign	ed duly			
Issue	r (Print or Type)	Signature A. A. T. L.	Date				
Cheniere Energy, Inc.		Don A. Turkusan	5-13-0	1			
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)					
Don A. Turkleson Chief Financial Officer							

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.

A	p	p	r	N	D	ĭ	v
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1	1 2 3 4								5
	to non- investo	nd to sell accredited ors in State 3 - Item 1)	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)				ofification ate ULOE , attach ation of granted) - Item 1)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL							-		
AK									
AZ									
AR							•		
CA		X	1,189,338	2	387,499.50	N/A			Х
со		X	1,189,338	3	49,999.50	N/A			Х
СТ		X	1,189,338	1	31,251	N/A			Х
DE									
DC									
FL									
GA		X	1,189,338	1	104,085	N/A	-		Х
НІ									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
МЕ									
MD									
MA									
MI									
MN									
MS									
МО									
MT									

APPENDIX

- 1 2 3 4 5											
1	Intend to non-a investor	d to sell accredited rs in State - Item 1)	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)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
NE					-						
NV											
NH											
NJ											
NM											
NY		X	1,189,338	4	91,251	N/A			Х		
NC											
ND											
ОН											
ОК											
OR											
PA											
PR											
RI											
SC											
SD											
TN											
TX		X	1,189,338	4	244,002	N/A			Х		
UT		***									
VT											
VA											
WA											
wv											
WI											
WY											