Svagna Robert

August 18, 2005

Form 3

| FORM 3 UNITED STATES SECURITIES AND EXCHANGE COMMISSION   |            |          |            |   |            |  | OMB APPROVAL  |   |                    |
|---|------------|----------|------------|---|------------|--|---|---|--------------------|
| Washington, D.C. 20549  |            |          |            |   |            | OMB<br>Number:   | 3235-0104   |   |                    |
| INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF  |            |          |            |   |            | Expires:   | January 31,<br>2005   |   |                    |
| SECURITIES SECURITIES Estimated average burden hours per response 0.5<br>Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934, Section 17(a) of the Public Utility Holding Company Act of 1935 or Section 30(h) of the Investment Company Act of 1940 |            |          |            |   |            |  |   |   | average<br>Irs per |
| (Print or Type F  | Responses) |          |            |   |            |  |   |   |                    |
| Person _Statement Svagna Robert(Month/Day/  |            |          | Year)      |   |            | or Trading Symbol ELD STRATEGIES FUND [DHF]                                |   |   |                    |
| (Last)  | (First)    | (Middle) | 08/12/2005 |   |            |  |   | . If Amendment, Date Original<br>ïled(Month/Day/Year) |                    |
| 200 PARK /  | AVENUE     |          |            |   |            |  |   |   | ,                  |
|   | (Street)   |          |            |   | (Check     | k all applicable   | 6. Ind  | ividual or Join                                       | -                  |
| NEW YORK, NY 10166  |            |          |            | X_OfficerOtherX_F<br>(give title below) (specify below) Person<br>Assistant TreasurerFo |            |  | g(Check Applicable Line)<br>form filed by One Reporting<br>torm filed by More than One<br>ting Person |   |                    |
| (City)  | (State)    | (Zip)    |            | Table I - I   | Non-Deriva | tive Securit   | ies Benefici  | ally Owned  | 1                  |
| 1.Title of Secur<br>(Instr. 4)  | rity       |          |            | 2. Amount of<br>Beneficially<br>(Instr. 4)  |            | 3.<br>Ownership<br>Form:<br>Direct (D)<br>or Indirect<br>(I)<br>(Instr. 5) | 4. Nature of<br>Ownership<br>(Instr. 5)   | Indirect Benef  | ïcial              |
| Share of Beneficial Interest, Par Value \$.001<br>Per Share   |            |          |            | 0   |            | D  | Â   |   |                    |
| Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly. SEC 1473 (7-02)   |            |          |            |   |            |  |   |   |                    |
| Persons who respond to the collection of<br>information contained in this form are not<br>required to respond unless the form displays a<br>currently valid OMB control number.   |            |          |            |   |            |  |   |   |                    |

## Table II - Derivative Securities Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| . Title of Derivative Security<br>nstr. 4) 2. Date Exercisable and<br>Expiration Date<br>(Month/Day/Year) |  | 3. Title and Amount of<br>Securities Underlying<br>Derivative Security<br>(Instr. 4) | 4.<br>Conversion<br>or Exercise<br>Price of | 5.6. Nature of IndireOwnershipBeneficial OwnersForm of(Instr. 5)Derivative |  |
|---|--|--|---|--|--|
|   |  | (IIISU. 4)   |   |  |  |
|   |  | Title  | Derivative<br>Security                      | Security:<br>Direct (D)  |  |

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| Date        | Expiration | Amount or | or Indirect |
|-------------|------------|-----------|-------------|
| Exercisable | Date       | Number of | (I)         |
|             |            | Shares    | (Instr. 5)  |

## **Reporting Owners**

| Reporting Owner Name / Address                         | Relationships |           |                     |       |  |  |
|--|---------------|-----------|---------------------|-------|--|--|
| 1  | Director      | 10% Owner | Officer             | Other |  |  |
| Svagna Robert<br>200 PARK AVENUE<br>NEW YORK, NY 10166 | Â             | Â         | Assistant Treasurer | Â     |  |  |
| Signatures   |               |           |                     |       |  |  |
| Robert Svagna 08/                                      | 18/2005       |           |                     |       |  |  |
| <u>**</u> Signature of<br>Reporting Person             | Date          |           |                     |       |  |  |

## **Explanation of Responses:**

\* If the form is filed by more than one reporting person, see Instruction 5(b)(v).

\*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *See* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.