Fortress Investment Group LLC
Form 3
February 08, 2007
FORM 3
UNITED STATES SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549
OMB

INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES

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

(Print or Type Responses)

1. Name and Add JACOBS D	2. Date of Event Requiring Statement (Month/Day/Year)			3. Issuer Name and Ticker or Trading Symbol Fortress Investment Group LLC [FIG]										
(Last)	(First)	(Middle)	02/08/2	-	1)	4. Relationship Person(s) to Iss					endment, Date Original onth/Day/Year)			
67 ORCHARI	O AVENU	E				(
	(Street)					(Check	c al	ll applicable)		6. Indivi	dual or Joint/Group			
PROVIDENC	E, RI 0	2906-5417				X Directo		Owner Owner (specify belo	ow)	Filing(Cl _X_ Form Person	heck Applicable Line) In filed by One Reporting filed by More than One			
(City)	(State)	(Zip)		Ta	ble I - N	on-Deriva	tiv	e Securiti	es Bei	eneficially Owned				
1.Title of Security (Instr. 4) Reminder: Report owned directly or	on a separate	e line for each		Bene (Inst	beneficial	wned	Fo Di or (I) (In	vnership	4. Natu Owners (Instr. 5	ship	irect Beneficial			
Tat	informa required currentl	tion containe I to respond y valid OMB ative Securitie	ed in this unless t control	form he forr numbe	are not n display r.		wai	crants, optic	ons, co	nvertible	e securities)			
					0 TT 1	1.4			_					
1. Title of Derivat (Instr. 4)	tive Security	2. Date I Expiration (Month/Day)				d Amount of Underlying e Security		4. Conversion or Exercise Price of Derivative	e For Der	nership m of ivative	6. Nature of Indirect Beneficial Ownership (Instr. 5)			
		Date Exercisa	-	iration ?	Title	Amount o Number o		Security	Dir	urity: ect (D) ndirect				

Shares

(I)

(Instr. 5)

OMB 3235-0104 Number: January 31, 2005 Estimated average burden hours per response... 0.5

Reporting Owners

Reporting Owner Name / A	Relationships							
	Director	10% Owner	Officer	Other				
JACOBS DOUGLAS L 67 ORCHARD AVENUE PROVIDENCE, RI 02	906-5417	ÂX	Â	Â	Â			
Signatures								
/s/ Douglas L. Jacobs	02/08/200	07						
<u>**</u> Signature of	Date							

Explanation of Responses:

No securities are beneficially owned

* 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).

Â **Remarks:**

Reporting Person

Exhibit 24.1-Power of Attorney of Douglas L. Jacobs

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.