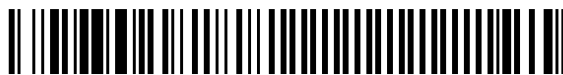


***GREEKTOW HOLDINGS, LLC, ET AL.
AMENDMENTS TO JUNE 2009 MORs***

The MORs of Greektown Casino, LLC ("Casino") and Greektown Holdings, LLC ("Holdings") for the period ended June 30,2009 have been amended to reflect an audit adjustment made at the Casino level for restructuring professional fees that was not picked up on the June 2009 MORs of Casino and Holdings.



0853104090901000000000002

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF MICHIGAN

TRANSMITTAL OF FINANCIAL REPORTS AND
CERTIFICATION OF COMPLIANCE WITH
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR

THE PERIOD ENDED: 613012009

In re:

Case Number: **08-53104**

Greektown Holdings, LLC

Chapter 11

Debtor.

Judge: Walter Shapero

As debtor in possession. I affirm:

I. That I have reviewed the financial statements attached hereto, consisting of:

<input checked="" type="checkbox"/>	Operating Statement	(Form 21)
<input checked="" type="checkbox"/>	Balance Sheet	(Form 3)
<input checked="" type="checkbox"/>	Summary of Operations	(Form 4)
<input checked="" type="checkbox"/>	Monthly Cash Statement	(Form 5)
<input checked="" type="checkbox"/>	Statement of Compensation	(Form 6)
<input checked="" type="checkbox"/>	Schedule of In-Force Insurance	(Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly accurately reflect the debtor's financial activity for the period stated.

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 5 of the Operating Instructions and Reporting Requirements For Chapter 11 Cases is in effect; and,
(If not, attach a written explanation) YES NO _____

3. That all post-petition taxes as described in Section 9 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current.
(If not, attach a written explanation) YES NO _____

4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization
(If not, attach a written explanation) YES NO _____

5. All United States Trustee Quarterly fees have been paid and are current

YES NO _____

6. Have you filed your pre-petition tax returns
(If not, attach a written explanation)

YES NO _____

I hereby certify, under penalty of perjury, that the information provided above in the attached documents is true and correct to the best of my information and belief.

Dated: 8/31/2009

Clifford Wilkins
Debtor in Possession

CFO
Title

313-223-2999
Phone

OPERATING STATEMENT (P&L)

Period Ending: 613012009

Case No: 08-53104

	Current Month	Total Since Filing
TOTAL Revenue/Sales	-	-
Cost Of Sales	-	-
GROSS PROFIT	-	-
EXPENSES		
Officer Compensation		-
Salary Expenses other Employees		
Employee Benefits & Pensions		-
Payroll Taxes		-
Other Taxes		-
Rent & Lease Expense		-
Interest Expense	1,657,292	21,394,795
Insurance	-	
Automobile & Truck Expense	-	
Utilities (gas,electric,phone)	-	
Depreciation	-	
Travel & Entertainment		
Repairs & Maintenance	-	
Advertising	-	
Supplies, Office Expense, etc.		
Accounting Fees - Credit:	(9,117)	(139,588)
Other Specify	-	
TOTAL EXPENSES:	1,648,175	21,255,207
NET OPERATING PROFIT/(LOSS)		
Add: Non-Operating Income:		
Interest Income		
Other Income		
Less: Non-Operating Expenses:		4,830,700
Professional Fees		
Other		
NET INCOME/LOSS	(1,648,175)	(26,085,907)

BALANCE SHEET

Period Ending: 6/30/2009

Case No: 08-53104

ASSETS	Current Month	Prior Month	At Filing
Cash:	-	-	-
Inventory:	-	-	-
Accounts Receivables:	-	-	-
Insider Receivables	3,442,580	3,442,586	2,092,586
Land and Buildings:	-	-	-
Furniture , Fixture, & Equip:	-	-	-
Financing Fees:	-	-	3,171,808
Note Receivables from affiliates:	475,123	474,566,113	264,572,021
Investment in affiliate:	(19,670,160)	(16,094,668)	130,031,835
TOTAL ASSETS:	<u>458,785,611</u>	<u>461,914,031</u>	<u>399,868,250</u>
LIABILITIES:			
Post-petition Liabilities:	-	-	-
Accounts Payable	-	80,000	-
Rent and Lease Payable:	-	-	-
Wages and Salaries:	-	-	-
Taxes Payable:	-	-	-
Other:	1,350,000	1,350,000	-
TOTAL Postpetition Liabilities	<u>1,350,000</u>	<u>1,430,000</u>	<u>-</u>
Secured Liabilities			
Subject to Post-petition			
Collateral or Financing order	16,046,971	160,600,348	-
All other Secured Liabilities	313,965,764	313,965,764	264,572,021
TOTAL Secured Liabilities	<u>475,012,735</u>	<u>474,566,113</u>	<u>264,572,021</u>
Pre-petition Liabilities:			
Taxes & Other Priority Liabilities	-	-	-
Unsecured Liabilities:	22,850,597	226,851,305	206,963,807
Discount on Bonds:	-	-	(1,663,613)
TOTAL Pre-petition Liabilities	<u>22,850,597</u>	<u>226,851,305</u>	<u>205,300,194</u>
Kewadin Equity:	(99,399,607)	(99,399,607)	(99,397,807)
Monroe Equity:	(87,697,011)	(87,697,011)	(87,697,011)
Owners capital:	488,947	488,947	488,947
Retained Earnings-Pre Petition.	116,601,907	116,601,907	116,601,907
Retained Earnings-Post Petition.	(176,080,406)	(170,927,623)	-
TOTAL Equity:	<u>(246,086,170)</u>	<u>(240,933,387)</u>	<u>(70,003,965)</u>
TOTAL LIABILITIES	<u>704,871,332</u>	<u>702,847,418</u>	<u>469,872,215</u>
AND EQUITY	<u>458,785,611</u>	<u>461,914,031</u>	<u>399,868,250</u>

SUMMARY OF OPERATIONS
 Period Ended: 6/30/2009

Case No: 08-53104

Schedule of Post -petition Taxes Payable

	<u>Beginning Balance</u>	<u>Accrued 1 Withheld</u>	<u>Payments Deposits</u>	<u>Ending Balance</u>
Income Taxes Withheld:	N/A	N/A	N/A	N/A
Federal:				
State:				
Local:				
FICA Withheld				
Employers FICA				
Unemployment Tax:				
Federal:				
State:				
Sales, Use & Excise Taxes				
Property Taxes:				
Workers' Compensation				
Other:				
TOTALS:				

AGING OF ACCOUNT RECEIVABLE
 AND POST-PETITION ACCOUNTS PAYABLE

	0-30	30-60	Over 60
Age in Days post Petition			
Accounts Payable	N/A		
Accounts Receivable	N/A		

For all post-petition accounts payable over 30 days old, please attach a sheet listing each such account, to whom the account is owed, the date account was opened for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

MONTHLY CASH STATEMENT

Period Ending: 613012009

Cash Activity Analysis (Cash Basis Only):

Case No: 08-53104

	General	Payroll	Tax	Cash Coll	Petty Cash
	<u>Acct</u>	<u>Acct</u>	<u>Acct</u>	<u>Acct</u>	<u>Acct</u>
4. Beginning Balance	<u>NIA</u>	<u>NIA</u>	<u>N/A</u>	<u>NIA</u>	<u>N/A</u>
B. Receipts (Attach Separate Schedule)	_____	_____	_____	_____	_____
C. Balance Available (A - B)	_____	_____	_____	_____	_____
D. Less Disbursements (Attach separate schedule)	_____	_____	_____	_____	_____
E. ENDING BALANCE (C - D)	_____	_____	_____	_____	_____

ATTENTION: Please enter the TOTAL DISBURSEMENT from all your accounts, including cash and excluding transfers,

onto the line below. This is the number that will determine your quarterly fee amount \$ _____

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT

General Account:

1. Depository Name & Location N/A

2. Account Number _____

Payroll Account:

1. Depository Name & Location N/A

2. Account Number _____

Tax Account:

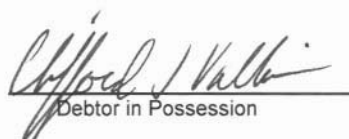
1. Depository Name & Location N/A

2. Account Number _____

other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

N/A

Date: 8/31/2009


Debtor in Possession

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending: 613012009

Case No: 08-53104

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession. (Attach additional pages if necessary.)

Name: See Greektown Casino LLC Monthly Report Capacity: _____ Shareholder
 _____ Officer
 _____ Director
 _____ Insider

Detailed Description of Duties: _____

Current Benefits Paid:	Weekly	or	Monthly
Health Insurance	_____		_____
Life Insurance	_____		_____
Retirement	_____		_____
Company Vehicle	_____		_____
Entertainment	_____		_____
Travel	_____		_____
Other Benefits	_____		_____
Total Benefits	_____		_____

Current Other Payments Paid:	Weekly	or	Monthly
Rent Paid	_____		_____
Loans	_____		_____
Other (Describe)	_____		_____
Other (Describe)	_____		_____
Total Other Payments	_____		_____

CURRENT TOTAL OF ALL PAYMENTS: Weekly _____ or Monthly _____

Dated: 8/31/2009



 Principal, Officer, Director, or Insider

SCHEDULE OF OF IN-FORCE INSURANCE
Period Ending: 6/30/2009

Case No: **08-53104**

<u>INSURANCE TYPE</u>	<u>CARRIER</u>	<u>EXPIRATION DATE</u>
<u>Workers' Compensation</u>	<u>N/A</u>	<u></u>
<u>General Business Policy</u>	<u>N/A</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
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