

CSD 1100 [09/26/06]

Name, Address, Telephone No. & I.D. No.

John L. Smaha 95855  
7860 Mission Center Ct. #100  
San Diego, CA 92108  
619-688-1557  
(Bar No. 95855)

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF CALIFORNIA  
325 West "F" Street, San Diego, California 92101-6991

In Re  
Wave House Belmont Park, LLC

BANKRUPTCY NO. 10-19663-LT11

Debtor.

AMENDMENT

Presented herewith are the original and one conformed copy of the following [Check one or more boxes as appropriate]:

- Petition
- Exhibit A to Voluntary Petition
- Exhibit C to Voluntary Petition
- Exhibit D - Individual Statement of Compliance with Credit Counseling
- Summary of Schedules
- Statistical Summary of Certain Liabilities and Related Data
- Schedule A & B - Schedule of Real or Personal Property
- Schedule C - Schedule of Property Claimed Exempt
- Schedule D, E, or F, and/or Matrix, and/or list of Creditors or Equity Holders - REQUIRES COMPLIANCE WITH LOCAL RULE 1009
- Adding or deleting creditors (diskette required), changing amounts owed or classification of debt - \$26.00 fee required. See instructions on reverse side.
- Correcting or deleting other information. See instructions on reverse side.
- Schedule G - Schedule of Executory Contracts & Expired Leases
- Schedule H - Schedule of Co-Debtor
- Schedule I - Current Income of Individual Debtor(s)
- Schedule J - Current Expenditure of Individual Debtor(s)
- Statement of Financial Affairs
- Statement of Current Monthly Income and Means Test Calculation (Form B22A)
- Statement of Current Monthly Income (Form B22B)
- Statement of Current Monthly Income and Calculation of Commitment Period and Disposable Income (Form B22C)

Dated: January 28, 2011

Signature /s/ John L. Smaha 95855

Attorney for Debtor

DECLARATION OF DEBTOR

I [We] Thomas J. Lochtefeld and \_\_\_\_\_, the undersigned debtor(s), hereby declare under penalty of perjury that the information set forth in the amendment attached hereto, consisting of 4 pages, and on the creditor matrix diskette, if any, is true and correct to the best of my [our] information and belief.

Dated: January 28, 2011

/s/ Thomas J. Lochtefeld

Debtor

Joint Debtor

**United States Bankruptcy Court  
Southern District of California**

In re Wave House Belmont Park, LLC

Debtor

Case No. 10-19663Chapter 11

**SUMMARY OF SCHEDULES - AMENDED**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	20,000,000.00		
B - Personal Property	Yes	4	8,225,298.02		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		16,507,623.89	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		508,843.44	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		594,589.59	
G - Executory Contracts and Unexpired Leases	Yes	3			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			0.00
J - Current Expenditures of Individual Debtor(s)	Yes	1			0.00
Total Number of Sheets of ALL Schedules		30			
		Total Assets	28,225,298.02		
		Total Liabilities		17,611,056.92	

In re Wave House Belmont Park, LLC

Case No. 10-19663

Debtor

**AMENDED  
SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor;" include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	Husband, Wife, Joint, or Community			C O N T I N G E N T	U N L I Q U I D A T E D	D I S P U T E D	AMOUNT OF CLAIM
		H	W	J				
Account No.  Dennis Ryan P.O. Box 942 Imperial Beach, CA 91933								
								0.00
Account No.								
Account No.								
Account No.								
Subtotal (Total of this page)								0.00
Total (Report on Summary of Schedules)								0.00

0 continuation sheets attached