TRANSMITTAL OF FINANCIAL REPORTS AND CERTIFICATION OF COMPLIANCE WITH UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR THE PERIOD ENDED: 6/30/11

| IN RE: | : CASE NO.: | 09-21329 |
|--|-----------------------------|------------------------------------|
| | : Chapter 11 Judge: | Morgenstern-Clarren |
| AmTrust Properties Inc. nka AmFin | vaage. | morgenstem-oraniem |
| Properties Inc. | : | |
| Debtor | : | |
| As debtor in possession, I affirm: | | |
| That I have reviewed the financial statements | attached hereto, consist | ing of: |
| x Operating Statement [1] | (Form 2) | |
| x Balance Sheet [1] | (Form 3) | |
| x Summary of Operations [1] | (Form 4) | |
| x Monthly Cash Statement | (Form 5) | |
| x Statement of Compensation | (Form 6) | |
| x Schedule of In-Force Insurar | ce (Form 7) | |
| and that they have been prepared in accordance with practices, and fairly and accurately reflect the debtors | | |
| 2. That the insurance, including workers' comp | ensation and unemployme | ent insurance. |
| as described in Section 4 of the Reporting Requirement | | |
| (If not, attach a written explanation) YES | | , , |
| That all postpetition taxes as described in Se | ctions 1 and 14 of the Or | perating |
| Instructions and Reporting Requirements For Chapte | | relating |
| (If not, attach a written explanation) YES | | |
| | | |
| No professional fees (attorney, accountant, e court authorization. | ic.) nave been paid witho | ut specific |
| (If not, attach a written explanation) YES | NO | |
| 5 | | |
| All United States Trustee Quarterly fees have YES | | nt. |
| 120 | | |
| 6. Have you filed your prepetition tax returns. | | |
| (If not, attach a written explanation) YES | (NO | |
| | | |
| I hereby certify, under penalty of perjury, that the infor | mation provided above ar | nd in the attached documents |
| is true and correct. | | |
| | | |
| [1] - The Debtor has made substantial efforts to prepare a | ud complete the information | in this Monthly Operating Poport |
| (the "Report"). However, given the nature of the Debtor's | | |
| information contained in the Report. Therefore, the Debto | | |
| provided in the Report. | _ | · |
| | | |
| | | |
| | | 0-04 120 |
| Tul . 1. C | 15 cm | exer d. / Llaner |
| Dated: July 15,3011 | • | fficer of the Debtor in Possession |
| | CEU | U04-83 5-783c |
| | Title | Phone |
| | | |

OPERATING STATEMENT (P&L) Period Ending: 6/30/11

Case No: 09-21329

| | | | Te | otal |
|----------------------------------|----------------|---------|----|-----------|
| | Current | t Month | | Filing |
| Total Revenue/Sales | \$ | - | \$ | _ |
| Cost of Sales | | - | | - |
| ODOGO BROSET | | | | |
| GROSS PROFIT | | | | |
| EXPENSES: | | | | |
| Officer Compensation | | - | | - |
| Salary Expenses other Employees | | - | | _ |
| Employee Benefits & Pensions | | - | | - |
| Payroli Taxes | | - | | - |
| Other Taxes | | - | | - |
| Rent and Lease Expense | | - | | 38 |
| Interest Expense | | - | | - |
| Insurance | | - | | - |
| Automobile and Truck Expense | | - | | - |
| Utilities (gas, electric, phone) | | - | | - |
| Depreciation | | - | | - |
| Travel and Entertainment | | - | | - |
| Repairs and Maintenance | | - | | - |
| Bank Service Charges | | - | | 23 |
| Supplies, Office Expense, etc. | | - | | 293 |
| Other Expense | | - | | 293 |
| Advances and Other Borrowings | | - | | 508,776 |
| Equity in Joint Venture | | - | | - |
| TOTAL EXPENSES: | | | | 509,129 |
| NET OPERATING PROFIT/(LOSS) | | • | • | (509,129) |
| Add: Non-Operating Income: | | | | |
| Interest Income | | - | | - |
| Other Income | | - | | - |
| Less: Non-Operating Expenses: | | | | |
| Professional Fees | | - | | _ |
| Interest Expense | | - | | - |
| US Trustee Fees | | - | | 1,950 |
| NET INCOME/(LOSS) | \$ | | \$ | (511,079) |
| HET HOOMEN(ECOO) | . • | | | (,0.0) |

Dated: July 15, 2011 Responsible Officer of the Debtor in Possession

BALANCE SHEET Period Ending: 6/30/11

| | | Case No: | | | 09-21329 | |
|--|-----------|-----------|-------------|----------------|----------|----------------------|
| | Currer | nt Month | <u>Prio</u> | r Month | | /30/2009 t Filing |
| ASSETS: | | | | | | |
| Cash | \$ | 297 | \$ | 297 | \$ | 100 |
| Inventory | | - | | - | | - |
| Accounts Receivables | | - | | - | | _ |
| Insider Receivables | | - | | - | | - |
| Land and Buildings | | - | | - | | - |
| Furniture, Fixtures & Equip | 4 | ,120,810 | | - 1,120,810 | | 1,629,586 |
| Equity in Joint Venture FIT Receivalbe | ı | 104,536 | | 1, 120,810 | | 104,536 |
| FIT Receivable | | 104,550 | | 104,550 | | 104,030 |
| TOTAL ASSETS: | 1 | ,225,643 | | 1,225,643 | | 1,734,222 |
| LIABILITIES: | | | | | | |
| Postpetition Liabilities | | - | | - | | - |
| Accounts Payable | | - | | - | | _ |
| Rent and Lease Payable | | - | | - | | - |
| Wages and Salaries | | - | | - | | - |
| Payable to Affiliate | | 1,000 | | 1,000 | | - |
| Other: | | - | | - | | - |
| TOTAL Postpetition Liab. | | 1,000 | | 1,000 | | - |
| Secured Liabilities: | | | | | | |
| Subject to Postpetition | | | | | | |
| Collateral or Financing Order | | _ | | _ | | _ |
| All Other Secured Liab. | | - | | - | | - |
| TOTAL Secured Liab. | | | | | | |
| Prepetition Liabilities: | | | | | | |
| Taxes & Other Priority Liab. | | | | | | |
| Unsecured Liabilities | | _ | | _ | | _ |
| Payable to Affiliate | 7 | ,584,986 | | 7,584,986 | | 7,583,486 |
| Other | | - | | - | | - |
| TOTAL Prepetition Liab. | 7 | ,584,986 | | 7,584,986 | | 7,583,486 |
| Equity: | | | | | | |
| Owners Capital: | | 100 | | 100 | | 100 |
| Retained Earnings-Pre Pet. | (5 | ,849,364) | (| 5,849,364) | | (5,849,364) |
| Retained Earnings-Post Pet. | | (511,079) | | (511,079) | | - |
| TOTAL Equity: | (6 | ,360,343) | (| 6,360,343) | | (5,849,264) |
| TOTAL LIABILITIES | | | | | | |
| AND EQUITY: | 1 | ,225,643 | | 1,225,643 | | 1,734,222 |
| Dated: July 18, 2011 Consolo Responsible Officer of the Debto | r in Poss | Hlan | | | | |
| • | | | | | | FORM |

SUMMARY OF OPERATIONS Period Ended: 6/30/11

| Case No: | 09-21329 |
|----------|----------|
|----------|----------|

Schedule of Postpetition Taxes Payable

| | Begini <u>Balar</u> | - | Accrued Withheld | | Payments/ <u>Deposits</u> | | iding lance |
|---------------------------|------------------------|---|---------------------|------|------------------------------|----|----------------|
| Income Taxes Withheld: | | | | | | - | |
| Federal | \$ | - | \$ | - \$ | - | \$ | - |
| State | | - | | - | - | | - |
| Local | | - | | - | - | | • |
| FICA Withheld | | - | | - | - | | - |
| Employers FICA | | - | | - | - | | - |
| Unemployment Tax: | | | | | | | |
| Federal | | - | | - | - | | - |
| State | | - | | - | - | | - |
| Sales, Use & Excise Taxes | | - | | - | - | | - |
| Property Taxes | | - | | - | - | | - |
| Workers' Compensation | | - | | - | _ | | - |
| Other | | - | | - | - | | - |
| TOTALS: | \$ | • | \$ | - \$ | • | \$ | - |

AGING OF ACCOUNTS RECEIVABLE AND POSTPETITION ACCOUNTS PAYABLE

| Age in Days | 0-30 | 30-60 | Over 60 |
|---------------------|------|-------|---------|
| Post Petition | | | |
| Accounts Payable | NONE | _ | _ |
| Accounts Receivable | NONE | - | - |

For all postpetition accounts payable over 30 days old, please attached a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason 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:

Dated: July 15,2011

Responsible Officer of the Debtor in Possession

MONTHLY CASH STATEMENT Period Ending: 6/30/11

| Cas | sh Activity Analysis (Cash Basis Only): | | | | | Case No: | 09-21329 | _ |
|-----|--|-----------------|-----------------------|--------|------------------------|---------------------|----------------------------|----------------------------|
| | | - | rating <u> Old</u> | _ | erating <u>cct.</u> | Tax <u>Acct.</u> | Cash Coll. <u>Acct.</u> | Petty Cash <u>Acct.</u> |
| A. | Beginning Balance | \$ | - | \$ | 297 | | | |
| В. | Receipts (Attach separate schedule) | | - | | - | | | |
| C. | Balance Available (A + B) | | * | | 297 | | | |
| Đ. | Less Disbursements (Attach separate schedule) | | - | | - | | | |
| E. | ENDING BALANCE (C - D) | \$ | - | \$ | 297 | | | |
| (PL | EASE ATTACH COPIES OF MOST REC | ENT RI | ECONC | ILED B | ANK STAT | EMENTS FF | ROM EACH A | CCOUNT) |
| αO | erating Account: | | | | | | | |
| - • | Depository Name & Location Account Number | Nation 14058 | | Bank - | Cleveland (| DH | | |
| Ор | erating Account: | | | | | | | |
| | Depository Name & Location Account Number | | 3ank - 0 19-0708 | | nd OH | | | _ |
| | | | | | | | | _ |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Oti | Other monies on hand (specify type and location) i.e., CD's, bonds, etc.): | | | | | | | |
| | | | | | | | | |
| Da | te: July 15, 2011 Responsible Officer of t | he De | btor in | Poss | ession | | | |

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS Period Ending: 6/30/11

Case No: 09-21329

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: | None | | | Capacity: | | Shareholder Officer Director Insider |
|------------|------------------------|----------|---|------------|-----------------|--------------------------------------|
| Detailed D | escription of Duties: | | | | | |
| Current Co | ompensation Paid: | | Weekly | or | Monthly | |
| Current Be | enefits Paid: | | Weekly | | Monthly | = |
| | Health Insurance | | • | | | _ |
| | Life insurance | | *************************************** | | | _ |
| | Retirement | | | | | _ |
| | Company Vehicle | | | | | _ |
| | Entertainment | | | | | _ |
| | Travel | | | | | _ |
| | Other Benefits | | | | | _ |
| | Total Benefits | | | | | = |
| Current O | ther Payments Paid: | | Weekly | or | Monthly | |
| | Rent Paid | | | • | | _ |
| | Loans | | | <u>-</u> | | _ |
| | Other (Describe) | | | • | | - |
| | Other (Describe) | | | - | | - |
| | Other (Describe) | | | | | _ |
| | Total Other Payments | | - | = | | = |
| CURRENT | TOTAL OF ALL PAYMENTS: | | Weekly | or | Monthly | |
| Dated: | July 15, 2011 | Responsi | S un e C | of the Deb | Houstor in Poss | = Session |

SCHEDULE OF IN-FORCE INSURANCE

Period Ending: 6/30/11

| | Case No:09- | 21329 |
|----------------------|---|----------|
| INSURANCE TYPE | <u>CARRIER</u> <u>EXPIRAT</u> | ION DATE |
| | | |
| | | |
| Dated: July 15, 2011 | Responsible Officer of the Debtor in Possession | |

AmFin Properties Inc - Case No.: 09-21329 **Reconciliation Summary** PNC Account 42-2719-0708

| | Jun 30, 11 | | |
|---|------------|--|--|
| Beginning Balance Cleared Transactions | 539.43 | | |
| Checks and Payments - 1 item | -242.50 | | |
| Total Cleared Transactions | -242.50 | | |
| Cleared Balance | 296.93 | | |
| Register Balance as of 06/30/2011 | 296.93 | | |
| Ending Balance | 296.93 | | |

AmFin Properties Inc - Case No.: 09-21329 Schedule of Cash Receipts - PNC Account 42-2719-0708 June 2011

Accrual Basis

| Туре | Date | Num | Adj | Name | Amount |
|---|--------------------|-----|-----|------|--------|
| CASH AND CASH EQUI 102127 · Cash in Ba | | | | | |
| Total 102127 · Cash l | In Bank, NCB - API | | | | |
| Total CASH AND CASH | EQUIVALENTS | | | | |
| TOTAL | | | | | |

AmFin Properties Inc - Case No.: 09-21329 Schedule of Cash Disbursements - PNC Account 42-2719-0708 June 2011

Accrual Basis

| Туре | Date | Num | Adj | Name | Amount |
|---|--------------------|-----|-----|------|--------|
| CASH AND CASH EQUI 102127 · Cash In Ba | | | | | |
| Total 102127 · Cash | In Bank, NCB - API | | | | |
| Total CASH AND CASH | EQUIVALENTS | | | | |
| TOTAL | | | | | |

Free Business Checking



For the Period 06/01/2011 to 06/30/2011

AMFIN PROPERTIES INC 3391 PEACHTREE RD NE STE 110 ATLANTA GA 30326-1014



Primary Account Number: 42-2719-0708

Page 1 of 2

Number of enclosures: 0

For 24-hour banking sign on to
PNC Bank Online Banking on pnc.com
FREE Online Bill Pay

For customer service call 1-800-669-1518 Monday - Friday: 7 AM - 10 PM ET Saturday & Sunday: 8 AM - 5 PM ET

Para servicio en espanol, 1-800-669-1518

Moving? Please contact your local branch

Write to: Customer Service PO Box 609

Pittsburgh, PA 15230-9738

Visit us at pnc.com/mybusiness/

TDD terminal: 1-800-531-1648

For hearing impaired clients only

Cash Flow Options for Your Business - Another Benefit At PNC

Free Membership

As a PNC customer, you have free membership in the Allied Business Network (ABN), a business-to-business buying group of national vendors offering discounts of 5%-75% on products and services. Save in the areas where your business needs it most, including office supplies, travel, technology, promotional items, and business gifts. Start saving today, see the enclosed brochure or visit abnsave.com/pnc.html for more information and to enroll.

Free Business Checking Summary

Account number: 42-2719-0708

Overdraft Protection has not been established for this account. Please contact us if you would like to set up this service.

Balance Summary

Beginning balance 539.43

0

Deposits and other additions

.00

Checks and other deductions

242.50

Amfin Properties Inc

Ending balance 296,93

Deposits and Other Additions

Description Items

Amount

.00

Checks and Other Deductions

Description
Checks
Total

Items 1

1

Amount 242.50 242.50

Daily Balance

Total

Date Ledger balance 06/01 539.43

Date 06/02 Ledger balance 296.93

Activity Detail

Free Business Checking

For 24-hour account information, sign-on to pnc.com/mybusiness/

For the Period 06/01/2011 to 06/30/2011

Amfin Properties Inc

Primary Account Number: 42-2719-0708

Page 2 of 2

Free Business Checking Account Number: 42-2719-0708 - continued

Checks and Other Deductions

Checks and Substitute Checks

 Date posted
 Check posted
 Amount
 Reference number

 06/02
 110008 *
 242.50
 078454100

Detail of Services Used During Current Period

Note: The total charge for the following services will be posted to your account on 07/01/2011 and will appear on your next statement as a single line item entitled Service Charge Period Ending 06/30/2011.

** Combined Transactions include ACH Credits, ACH Debits, Checks Paid, Deposited Item - Consolidated, Deposit Tickets Processed

| Description | Volume | Amount | |
|---------------------------------------|--------|--------|----------------------|
| Account Maintenance Charge | | .00 | Required Balance Met |
| Returning Check Images Monthly Charge | 1 | .00 | Included in Account |
| Dual Statement Delivery | 1 | .00 | Included in Account |
| Combined Transactions | . 1 | .00 | Included in Account |
| Checks Paid | 1 | .00 | |
| Total For Services Used This Period | | .00 | |
| Total Service Charge | | .00 | |