Official Form 1 (4/07) United ( MIDDL	States Bankrupto E DISTRICT OF F	cy Court LORIDA				Voluntary Petition
Name of Debtor (if individual, enter Last, First, Rowland Holdings, LLC			of Joint De	btor (Spouse)	(Last, First,	Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):  DBA Rowland's Southern Dining			All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):			
Last four digits of Soc. Sec./Complete EIN or ot 58-2657302	her Tax ID No. (if more than one,	, state all) Last f	our digits of	Soc. Sec./Co	omplete EIN	or other Tax ID No. (if more than one, state a
Street Address of Debtor (No. and Street, City, a 1275 Troon Way Rockledge, FL	nd State):  ZIP C <b>32955</b>		Street Address of Joint Debtor (No. and Street, City, and State):  ZIP Code			
County of Residence or of the Principal Place of <b>Brevard</b> Mailing Address of Debtor (if different from stre	Business:		•		1	ce of Business:
1275 Troon Way Rockledge, FL  Location of Principal Assets of Business Debtor	ZIP C 32955 304 W Oglethorp	ode	ng Address (	or John Deon	or (ii differen	ZIP Code
(if different from street address above):	Hinesville, GA 3	-				
Type of Debtor (Form of Organization) (Check one box)  ☐ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. ☐ Corporation (includes LLC and LLP) ☐ Partnership ☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Busin (Check one box)  Health Care Business Single Asset Real Estate in 11 U.S.C. § 101 (51E) Railroad Stockbroker Commodity Broker Clearing Bank Other  Tax-Exempt Ent (Check box, if applie) Debtor is a tax-exempt under Title 26 of the Ur Code (the Internal Rever	e as defined  tity cable) organization nited States	defined	the Per 7 er 9 er 11 er 12 er 13 er primarily co in 11 U.S.C. § ed by an individe	Petition is Fil	
Filing Fee (Check on Full Filing Fee attached  Filing Fee to be paid in installments (applica attach signed application for the court's cons is unable to pay fee except in installments. R  Filing Fee waiver requested (applicable to chattach signed application for the court's cons	ble to individuals only). Musideration certifying that the dule 1006(b). See Official Formapter 7 individuals only). M	st Check Che	Debtor is a c if: Debtor's a to insiders c all applical A plan is b Acceptance	a small busing not a small bu aggregate non or affiliates) ble boxes: being filed with tes of the plan	ncontingent lie are less than ith this petition n were solicite	defined in 11 U.S.C. § 101(51D). r as defined in 11 U.S.C. § 101(51D). quidated debts (excluding debts owed \$2,190,000.
□ Debtor estimates that funds will be available □ Debtor estimates that, after any exempt prop there will be no funds available for distributi  Estimated Number of Creditors  1- 50- 100- 200- 49 99 199 999	erty is excluded and administ on to unsecured creditors. 1000- 5001- 10,001 5,000 10,000 25,000	1- 25,001- 0 50,000	es paid,	OVER 100,000		SPACE IS FOR COURT USE ONLY
Estimated Assets  \$0 to \$10,000 \$100,000  Estimated Liabilities  \$0 to \$50,001 to \$50,00	\$1 million	\$1,000,001 to \$100 million	\$10	ore than		
□ \$0 to □ \$50,001 to \$100,000		\$1,000,001 to \$1,00 million		re than	I	

Case 6:07-bk-01271-KSJ Document 1 Filed 04/02/2007 Page 2 of 5

FORM B1, Page 2 Official Form 1 (4/07) Name of Debtor(s): **Voluntary Petition** Rowland Holdings, LLC (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Case Number: Date Filed: Location Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Date Filed: Name of Debtor: Case Number: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10O) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) ☐ Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Statement by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Official Form 1 (4/07) FORM B1, Page 3

## **Voluntary Petition**

(This page must be completed and filed in every case)

## Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

 $\mathbf{X}$ 

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

## Signature of Attorney

#### X /s/ David R. McFarlin

Signature of Attorney for Debtor(s)

#### David R. McFarlin 328855

Printed Name of Attorney for Debtor(s)

#### Wolff, Hill, McFarlin & Herron, P.A.

Firm Name

1851 West Colonial Drive Orlando, FL 32804

Address

## (407) 648-0058 Fax: (407) 648-0681

Telephone Number

April 2, 2007

Date

## Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

### X /s/ Betty Ann Rowland

Signature of Authorized Individual

### **Betty Ann Rowland**

Printed Name of Authorized Individual

## Managing Member

Title of Authorized Individual

April 2, 2007

Date

Name of Debtor(s):

Rowland Holdings, LLC

#### Signatures

### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

## Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

Address

Λ

#### Date

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

Form 4
(10/05)

## **United States Bankruptcy Court MIDDLE DISTRICT OF FLORIDA**

In re	Rowland Holdings, LLC			
		Debtor(s)	Chapter	11

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Bill Atkinson 31 W Congress St Savannah, GA 31401	Bill Atkinson 31 W Congress St Savannah, GA 31401		Disputed	5,500.00
Coastal Communcations Ryon Ave Hinesville, GA 31313	Coastal Communcations Ryon Ave Hinesville, GA 31313		Disputed	750.00
Coastal Orthopedics PO Box 14 Hinesville, GA 31310	Coastal Orthopedics PO Box 14 Hinesville, GA 31310		Disputed	1,643.00
Curry Insurance PO Box 159 Dublin, GA 31040	Curry Insurance PO Box 159 Dublin, GA 31040		Disputed	822.00
Georgia Dept of Revenue PO Box 13547 Savannah, GA 31416	Georgia Dept of Revenue PO Box 13547 Savannah, GA 31416		Disputed	2,703.31
Golden and Assoc CPA PO Box 967 Hinesville, GA 31310	Golden and Assoc CPA PO Box 967 Hinesville, GA 31310		Disputed	19,995.00
Infinite Energy 7001 SW 24th Ave Gainesville, FL 32607	Infinite Energy 7001 SW 24th Ave Gainesville, FL 32607		Disputed	3,000.00
Johnnie Ganhem Appraisers 340 Eisenhower Drive Bldg 800 Savannah, GA 31406	Johnnie Ganhem Appraisers 340 Eisenhower Drive Bldg 800 Savannah, GA 31406		Disputed	1,500.00
Liberty Regional Hospital c/o Reynolds and Robin, PC PO Box 888 Metter, GA 30439	Liberty Regional Hospital c/o Reynolds and Robin, PC PO Box 888 Metter, GA 30439		Disputed	2,115.52
Lowndes Drosdick et al., PA Michael Euberrt 215 N Eola Drive Orlando, FL	Lowndes Drosdick et al., PA Michael Euberrt 215 N Eola Drive Orlando, FL		Disputed	13,000.00
Republic Waste 84 Clifton St Savannah, GA	Republic Waste 84 Clifton St Savannah, GA		Disputed	1,000.00

In re	Rowland Holdings, LLC	Case No.
		Debtor(s)

## LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Robert Einhorn, Esq 100 SE 2nd St 27th Floor Miami, FL 33131	Robert Einhorn, Esq 100 SE 2nd St 27th Floor Miami, FL 33131		Disputed	5,000.00
Shell Energy c/o Nationwide Credit PO Box 740640 Atlanta, GA 30374-0640	Shell Energy c/o Nationwide Credit PO Box 740640 Atlanta, GA 30374-0640		Disputed	250.00
Sonny's Franchise Company 2605 Maitland Center Pkwy Suite C Maitland, FL 32751	Sonny's Franchise Company 2605 Maitland Center Pkwy Suite C Maitland, FL 32751		Disputed	33,000.00

# DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the Managing Member of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing list and that it is true and correct to the best of my information and belief.

Date	April 2, 2007	Signature	/s/ Betty Ann Rowland
			Betty Ann Rowland
			Managing Member

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.