

B1 (Official Form 1)(1/08)

United States Bankruptcy Court Southern District of Florida		Voluntary Petition
Name of Debtor (if individual, enter Last, First, Middle): Kane, Thomas J. III		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):		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. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-2059		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 2217 NE 19 Avenue Wilton Manors, FL <div style="text-align: right; font-size: small;">ZIP Code 33305</div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Broward		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):		
Type of Debtor (Form of Organization) (Check one box) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding </div> </div> <hr/> Nature of Debts (Check one box) <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts. </div>
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,190,000. <hr/> Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> 1-49</div> <div><input checked="" type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> OVER 100,000</div> </div>		
Estimated Assets <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input checked="" type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between; font-size: small;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		

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

Name of Debtor(s):

Kane, Thomas J. III**All Prior Bankruptcy Cases Filed Within Last 8 Years** (If more than two, attach additional sheet)

Location

Where Filed: **- None -**

Case Number:

Date Filed:

Location

Where Filed:

Case Number:

Date Filed:

Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet)

Name of Debtor:

- None -

Case Number:

Date Filed:

District:

Relationship:

Judge:

Exhibit A

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

Exhibit B

(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 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 under each such chapter. I further certify that I delivered to the debtor the notice required by 11 U.S.C. §342(b).

X

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.

Certification 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.
- ☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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

Name of Debtor(s):

Kane, Thomas J. III**Signatures****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.

X /s/ Thomas J. Kane, IIISignature of Debtor **Thomas J. Kane, III****X**

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

March 22, 2010

Date

Signature of Attorney***X /s/ John E. Page**

Signature of Attorney for Debtor(s)

John E. Page 0860581

Printed Name of Attorney for Debtor(s)

Shraiberg, Ferrara, & Landau P.A.

Firm Name

**2385 NW Executive Center Dr
Suite 300
Boca Raton, FL 33431**

Address

Email: **jpage@sfl-pa.com****561 443 0800 Fax: 561 998 0047**

Telephone Number

March 22, 2010

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

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

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

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 19 is attached.

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

Social-Security number (If the bankruptcy 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

X

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.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court
Southern District of Florida

In re Thomas J. Kane, III

Debtor(s)

Case No.
Chapter11

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH
CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]* _____

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Thomas J. Kane, III
Thomas J. Kane, III

Date: March 22, 2010

Certificate Number: 02645-FLS-CC-010000604**CERTIFICATE OF COUNSELING**I CERTIFY that on February 22, 2010, at 2:41 o'clock PM EST,Thomas J Kane received fromA 123 Credit Counselors, Inc,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Southern District of Florida, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by telephone _____.

Date: February 22, 2010By /s/Brandi GillispieName Brandi GillispieTitle Certified Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Southern District of Florida

In re **Thomas J. Kane, III**

Debtor(s)

Case No.

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, 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; Fed. R. Bankr. P. 1007(m).

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Bank of America P.O. Box 26078 Greensboro, NC 27420	Bank of America P.O. Box 26078 Greensboro, NC 27420	2217 NE 19th Avenue, Wilton Manors, Florida 33305		427,823.00 (400,000.00 secured) (290,548.44 senior lien)
Bank of America P.O. Box 15710 Wilmington, DE 19886	Bank of America P.O. Box 15710 Wilmington, DE 19886			72,765.71
Bank of America P.O. Box 15710 Wilmington, DE 19886	Bank of America P.O. Box 15710 Wilmington, DE 19886			53,479.17
Bank of America P.O. Box 15710 Wilmington, DE 19886	Bank of America P.O. Box 15710 Wilmington, DE 19886			52,435.97
Bank of America P.O. Box 15710 Wilmington, DE 19886	Bank of America P.O. Box 15710 Wilmington, DE 19886			51,791.02
Carlton Fields Post Office Box 1171 Orlando, FL 32802-1171	Carlton Fields Post Office Box 1171 Orlando, FL 32802-1171	Legal Fees related to Sheperd Financial Services, Inc.	Contingent Unliquidated Disputed	53,585.36
CIT Communications Finance Corporation 1 CIT Drive Livingston, NJ 07039	CIT Communications Finance Corporation 1 CIT Drive Livingston, NJ 07039	Phone lease with Accord Insurance Network of America, Inc.	Contingent Unliquidated Disputed	56,900.68
James M. Stanton 6365 Bahia Del Mar Drive #111-J Saint Petersburg, FL 33715	James M. Stanton 6365 Bahia Del Mar Drive #111-J Saint Petersburg, FL 33715	Promissory Note	Contingent Unliquidated Disputed	100,000.00
Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033	Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033	Promissory Note	Contingent Unliquidated Disputed	300,000.00
Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033	Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033	Promissory Note	Contingent Unliquidated Disputed	100,000.00

B4 (Official Form 4) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

(Continuation Sheet)

(1) <i>Name of creditor and complete mailing address including zip code</i>	(2) <i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	(3) <i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	(4) <i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	(5) <i>Amount of claim [if secured, also state value of security]</i>
Mary J. LaMotte 11948 Eden Estates Drive Carmel, IN 46033	Mary J. LaMotte 11948 Eden Estates Drive Carmel, IN 46033	Promissory Note	Contingent Unliquidated Disputed	100,000.00
Mike and Dalene McCloud c/o Bryant C. Dunaway, Esquire 721 North Dixie Avenue Cookeville, TN 38501	Mike and Dalene McCloud c/o Bryant C. Dunaway, Esquire 721 North Dixie Avenue Cookeville, TN 38501	Promissory Note	Contingent Unliquidated Disputed	100,000.00
Nivcab, Inc. 3101 North Federal Highway Suite 701 Fort Lauderdale, FL 33306	Nivcab, Inc. 3101 North Federal Highway Suite 701 Fort Lauderdale, FL 33306	Accord Lease	Contingent Unliquidated Disputed	177,198.52
Paetec 600 WillowBrook Office Park Fairport, NY 14450	Paetec 600 WillowBrook Office Park Fairport, NY 14450	Acord Insurance Network service	Contingent Unliquidated Disputed	63,360.00
Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126	Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126	Promissory Note	Contingent Unliquidated Disputed	200,000.00
Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126	Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126	Promissory Note	Contingent Unliquidated Disputed	100,000.00
Stephen R. LaMotte 11948 Eden Estates Drive Carmel, IN 46033	Stephen R. LaMotte 11948 Eden Estates Drive Carmel, IN 46033	Promissory Note	Contingent Unliquidated Disputed	100,000.00
Tennessee Commerce Bank 381 Mallory Station Road Suite 207 Franklin, TN 37067	Tennessee Commerce Bank 381 Mallory Station Road Suite 207 Franklin, TN 37067	401 North State Street, Chicago, IL		932,288.73
Wachovia Bank Post Office Box 13327 Roanoke, VA 24040-0343	Wachovia Bank Post Office Box 13327 Roanoke, VA 24040-0343	4 Antler Pine Road, Newton, CT 06482 Second Mortgage		140,324.12
Wachovia Bank Post Office Box 96074 Charlotte, NC 28260	Wachovia Bank Post Office Box 96074 Charlotte, NC 28260	Sweep Line of Credit		50,043.37

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

I, **Thomas J. Kane, III**, 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 March 22, 2010Signature /s/ Thomas J. Kane, III**Thomas J. Kane, III**

Debtor

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.

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court
Southern District of Florida

In re **Thomas J. Kane, III**,
 Debtor

Case No. _____

Chapter **11**

SUMMARY OF SCHEDULES

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	400,000.00		
B - Personal Property	Yes	3	0.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		1,021,371.44	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	3		8,436.26	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	10		3,445,995.01	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	3			
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		25			
Total Assets			400,000.00		
Total Liabilities				4,475,802.71	

United States Bankruptcy Court
Southern District of Florida

In re Thomas J. Kane, III,
 Debtor

Case No. _____

Chapter 11

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

- ☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	
Student Loan Obligations (from Schedule F)	
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	
TOTAL	

State the following:

Average Income (from Schedule I, Line 16)	
Average Expenses (from Schedule J, Line 18)	
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column		
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		
4. Total from Schedule F		
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		

B6A (Official Form 6A) (12/07)

In re Thomas J. Kane, III
Debtor

Case No. _____

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim
2217 NE 19th Avenue, Wilton Manors, Florida 33305		-	400,000.00	718,421.44

Sub-Total > **400,000.00** (Total of this page)

Total > **400,000.00**

(Report also on Summary of Schedules)

0 continuation sheets attached to the Schedule of Real Property

B6D (Official Form 6D) (12/07)

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by 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. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, 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). If all secured 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.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	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 WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 6895 1001 951999			HELOC					
Bank of America P.O. Box 26078 Greensboro, NC 27420		-	2217 NE 19th Avenue, Wilton Manors, Florida 33305					
			Value \$ 400,000.00				427,823.00	318,371.44
Account No. 6723232671			First Mortgage					
Bank of America P.O. Box 26078 Greensboro, NC 27420		-	2217 NE 19th Avenue, Wilton Manors, Florida 33305					
			Value \$ 400,000.00				290,548.44	0.00
Account No. 5V 95787CG			Commercial non-real estate loan					
UBS Bank, USA c/o UBS Financial Services, Inc. 1000 Harbor Boulevard 7th Floor Weehawken, NJ 07086		-				X		
			Value \$ 303,000.00				303,000.00	0.00
Account No.								
			Value \$					
Subtotal (Total of this page)							1,021,371.44	318,371.44
Total (Report on Summary of Schedules)							1,021,371.44	318,371.44

0 continuation sheets attached

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

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).

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 claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors 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 priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)☐ **Domestic support obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and certain other debts owed to governmental units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to maintain the capital of an insured depository institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for death or personal injury while debtor was intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (12/07) - Cont.

In re Thomas J. Kane, III
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	Husband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No. Broward County Revenue Collection P.O. Box 29009 Fort Lauderdale, FL 33301-9009		-					Unknown	Unknown
Account No. FL Dept of Revenue 5050 W. Tennessee St Tallahassee, FL 32399		-					Unknown	Unknown
Account No. Internal Revenue Service Attn: Special Procedures P.O. Box 34045 Stop 572 Jacksonville, FL 32202		-					Unknown	Unknown
Account No. Internal Revenue Service P.O. Box 105017 Atlanta, GA 30348-5017		-					Unknown	Unknown
Account No. 20-2188075 Internal Revenue Service Ogden, UT 84201-0039		-	Accord Insurance Network of America, Inc. (940)				Unknown	Unknown
Subtotal							0.00	0.00
(Total of this page)							0.00	0.00

Sheet 1 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6E (Official Form 6E) (12/07) - Cont.

In re Thomas J. Kane, III
Debtor

Case No. _____

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Certain Other Debts
Owed to Governmental Units**

TYPE OF PRIORITY

CREDITOR'S NAME, AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions.)	C O D E B O R	H W J C	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	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
								AMOUNT ENTITLED TO PRIORITY
Account No.								
Newtown County Tax Collector Post Office Box 5 Newtown, CT 06470		-						8,436.26
							8,436.26	0.00
Account No.								
Account No.								
Account No.								
Account No.								
Subtotal								8,436.26
(Total of this page)							8,436.26	0.00
Total								8,436.26
(Report on Summary of Schedules)							8,436.26	0.00

Sheet 2 of 2 continuation sheets attached to
Schedule of Creditors Holding Unsecured Priority Claims

B6F (Official Form 6F) (12/07)

In re Thomas J. Kane, III,
Debtor

Case No. _____

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	H U S B A N D W I F E J O I N T C O M M U N I T Y	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	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
Account No. 2003484336							
Bank of America P.O. Box 15710 Wilmington, DE 19886	-						18,876.86
Account No. 5474-1502-0067-4249							
Bank of America P.O. Box 15710 Wilmington, DE 19886	-						72,765.71
Account No. 5490-3528-9461-9270							
Bank of America P.O. Box 15710 Wilmington, DE 19886	-						52,435.97
Account No. 4888-9362-0660-0854/0870							
Bank of America P.O. Box 15710 Wilmington, DE 19886	-						51,791.02
Subtotal (Total of this page)							195,869.56

9 continuation sheets attached

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B 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 C				
Account No. 5490-3529-9980-4884						
Bank of America P.O. Box 15710 Wilmington, DE 19886	-					53,479.17
Account No.		Legal Fees related to Sheperd Financial Services, Inc.				
Carlton Fields Post Office Box 1171 Orlando, FL 32802-1171	X -		X	X	X	53,585.36
Account No.		Legal Fees related to Stephen R. Bolt				
Carlton Fields Post Office Box 1171 Orlando, FL 32802-1171	X -		X	X	X	20,006.20
Account No.		Consulting Agreement				
Charles Smith Post Office Box 59 Butler, MD 21023	-		X	X	X	17,500.00
Account No. Ending in 2314						
Chase Bank USA, NA c/o National Action Financial Svc., Inc. Post Office Box 9027 Buffalo, NY 14231-9027	-				X	21,620.20
Sheet no. <u>1</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						166,190.93

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	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
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. Ending in 7266						
Chase Visa Card Member Services P.O. Box 15153 Wilmington, DE 19886	-		X	X	X	Unknown
Account No. 4147-2020-3143-9993						
Chase Visa Card Member Services P.O. Box 15153 Wilmington, DE 19886	-				X	28,745.73
Account No. X920742		Phone lease with Accord Insurance Network of America, Inc.				
CIT Communications Finance Corporation 1 CIT Drive Livingston, NJ 07039	X -		X	X	X	56,900.68
Account No. 4362271041570126						
Citibank Mastercard Post Office Box 9241 Uniondale, NY 11555	-		X	X	X	Unknown
Account No. 0908649516						
Citibank Mastercard Post Office Box 9241 Uniondale, NY 11555	-					1,385.08
Sheet no. 2 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						87,031.49

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B 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
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 9114708950						
Citibank Mastercard Post Office Box 9241 Uniondale, NY 11555	-					13,779.23
Account No. 0909206252						
Citibank Mastercard Post Office Box 9241 Uniondale, NY 11555	-					2,879.44
Account No. 2908469515						
Citibank Mastercard Post Office Box 9241 Uniondale, NY 11555	-					14,749.52
Account No. 4988-8200-0925-7063						
First Equity Card Corp Visa Post Office Box 23029 Columbus, GA 31902-3029	X -				X	Unknown
Account No. 4988-8200-09257055						
First Equity Card Corp Visa Post Office Box 23029 Columbus, GA 31902-3029	-				X	7,787.68
Sheet no. 3 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						39,195.87

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H W J C	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						
			DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.										
Account No. 14234	X	-	IT Services at Accord Insurance Network of America, Inc.	X	X	X	27,728.77						
Glenn R. Caddy, Ph.D., P.A. 3101 North Federal Highway Suite 301 Fort Lauderdale, FL 33306													
Account No.	X	-	Promissory Note	X	X	X	100,000.00						
James M. Stanton 6365 Bahia Del Mar Drive #111-J Saint Petersburg, FL 33715													
Account No.	-	-	Maintenance on Connecticut house				40,000.00						
Marathon Renovation & Restoration, LLC 21 Sunset Hill Road Bethel, CT 06801													
Account No.	-	-					250,000.00						
Margaret B. Kane 4 Antler Pine Road Sandy Hook, CT 06482													
Account No.	X	-	Promissory Note	X	X	X	300,000.00						
Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033													
Sheet no. 4 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							717,728.77						
Subtotal (Total of this page)							717,728.77						

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B 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 C				
Account No.						
Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033	X	-		X	X	X
						100,000.00
Account No.						
Mary Brown 4 Antler Pine Road Sandy Hook, CT 06482		-				
						100,000.00
Account No.						
Mary J. LaMotte 11948 Eden Estates Drive Carmel, IN 46033	X	-		X	X	X
						100,000.00
Account No.						
Mike and Dalene McCloud c/o Bryant C. Dunaway, Esquire 721 North Dixie Avenue Cookeville, TN 38501	X	-		X	X	X
						100,000.00
Account No.						
Mike's Masonary 205 Hanover Road Newtown, CT 06470		-				
						8,000.00
Sheet no. 5 of 9 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
						Subtotal (Total of this page)
						408,000.00

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B 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
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		Accord Lease				
Nivcab, Inc. 3101 North Federal Highway Suite 701 Fort Lauderdale, FL 33306	X -		X	X	X	177,198.52
Account No. 2706629		Acord Insurance Network service				
Paetec 600 WillowBrook Office Park Fairport, NY 14450	X -		X	X	X	63,360.00
Account No.		Promissory Note				
Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126	X -		X	X	X	100,000.00
Account No.		Promissory Note				
Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126	X -		X	X	X	200,000.00
Account No.		Accord Insurance Website				
Roman G. Fisher 3100 North Ocean Boulevard Apartment 806 Fort Lauderdale, FL 33308	X -		X	X	X	700.00
Sheet no. <u>6</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						541,258.52

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B 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
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No. 90920625289004						
Shell Card Center Post Office Box 689151 Des Moines, IA 50368-9151	-					4,760.00
Account No.		Promissory Note				
Stephen R. LaMotte 11948 Eden Estates Drive Carmel, IN 46033	X -		X	X	X	100,000.00
Account No.		Consulting Agreement				
T. Crain Houston Post Office Box 59 Butler, MD 21023	X -		X	X	X	33,550.00
Account No. 13231		401 North State Street, Chicago, IL				
Tennessee Commerce Bank 381 Mallory Station Road Suite 207 Franklin, TN 37067	-					932,288.73
Account No.						
Thomaston Metal Works Post Office Box 132 Thomaston, CT 06787	-					3,222.50
Sheet no. <u>7</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						
Subtotal (Total of this page)						1,073,821.23

B6F (Official Form 6F) (12/07) - Cont.

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B 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
		DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.				
Account No.		4 Antler Pine Road, Newton, CT First Mortgage				Unknown
US Bank National Association, as Trustee c/o Jeffrey M. Knickerbocker, Esquire Hunt Leibert Jacobson, P.C. 50 Weston Street Hartford, CT 06120	-					
Account No.						2,291.82
Varicom 4687 N.W. 7th Street Deerfield Beach, FL 33442	X -		X	X	X	
Account No. 357782002						3,478.81
Victory Insurance Co. 5915 Landerbrook Drive Cleveland, OH 44124	X -		X	X	X	
Account No. 4312-47-67-9636-1142		Accord Insurance Network, Inc. credit card				20,760.52
Wachovia Bank PO Box 105204 Atlanta, GA 30348-5204	X -		X	X	X	
Account No. 4361-0641-0000-2204		Sweep Line of Credit				50,043.37
Wachovia Bank Post Office Box 96074 Charlotte, NC 28260	-					
Sheet no. <u>8</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims						Subtotal (Total of this page)
						76,574.52

B6F (Official Form 6F) (12/07) - Cont.

In re Thomas J. Kane, III
Debtor

Case No. _____

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B O R	H U S B A N D, W I F E, J O I N T, O R C O M M U N I T Y	D A T E C L A I M W A S I N C U R R E D A N D C O N S I D E R A T I O N F O R C L A I M. I F C L A I M I S S U B J E C T T O S E T O F F, S O S T A T E.	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	A M O U N T O F C L A I M	
Account No. 321901000108815			4 Antler Pine Road, Newton, CT 06482				140,324.12	
Wachovia Bank Post Office Box 13327 Roanoke, VA 24040-0343	-		Second Mortgage					
Account No.								
Account No.								
Account No.								
Account No.								
Account No.								
Sheet no. <u>9</u> of <u>9</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal (Total of this page)	140,324.12
							Total (Report on Summary of Schedules)	3,445,995.01

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or 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).

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	CIT Communications Finance Corporation 1 CIT Drive Livingston, NJ 07039
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	First Equity Card Corp Visa Post Office Box 23029 Columbus, GA 31902-3029
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	Glenn R. Caddy, Ph.D., P.A. 3101 North Federal Highway Suite 301 Fort Lauderdale, FL 33306
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	Nivcab, Inc. 3101 North Federal Highway Suite 701 Fort Lauderdale, FL 33306
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	Paetec 600 WillowBrook Office Park Fairport, NY 14450
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	Roman G. Fisher 3100 North Ocean Boulevard Apartment 806 Fort Lauderdale, FL 33308
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	T. Crain Houston Post Office Box 59 Butler, MD 21023
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	Varicom 4687 N.W. 7th Street Deerfield Beach, FL 33442
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	Victory Insurance Co. 5915 Landerbrook Drive Cleveland, OH 44124

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Accord Insurance Network of America, Inc 3101 North Federal Highway Suite 30 Fort Lauderdale, FL 33306	Wachovia Bank PO Box 105204 Atlanta, GA 30348-5204
American Values Financial Group, Inc. 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	James M. Stanton 6365 Bahia Del Mar Drive #111-J Saint Petersburg, FL 33715
American Values Financial Group, Inc. 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033
American Values Financial Group, Inc. 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033
American Values Financial Group, Inc. 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Mike and Dalene McCloud c/o Bryant C. Dunaway, Esquire 721 North Dixie Avenue Cookeville, TN 38501
American Values Financial Group, Inc. 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126
American Values Financial Group, Inc. 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126
American Values Financial Group, Inc. 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Stephen R. LaMotte 11948 Eden Estates Drive Carmel, IN 46033
American Values Financial Group, Inc. 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Mary J. LaMotte 11948 Eden Estates Drive Carmel, IN 46033
Faith Financial Planners, Inc. c/o Stephen R. Bolt 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	James M. Stanton 6365 Bahia Del Mar Drive #111-J Saint Petersburg, FL 33715

In re **Thomas J. Kane, III**

Case No. _____

Debtor

SCHEDULE H - CODEBTORS

(Continuation Sheet)

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
Faith Financial Planners, Inc. c/o Stephen R. Bolt 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033
Faith Financial Planners, Inc. c/o Stephen R. Bolt 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Marvin L. and Elaine S. Bittinger 3011 Whispering Trail Carmel, IN 46033
Faith Financial Planners, Inc. c/o Stephen R. Bolt 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Mike and Dalene McCloud c/o Bryant C. Dunaway, Esquire 721 North Dixie Avenue Cookeville, TN 38501
Faith Financial Planners, Inc. c/o Stephen R. Bolt 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126
Faith Financial Planners, Inc. c/o Stephen R. Bolt 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Robert S. Unger 9127 Buckhill Drive Littleton, CO 80126
Faith Financial Planners, Inc. c/o Stephen R. Bolt 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Stephen R. LaMotte 11948 Eden Estates Drive Carmel, IN 46033
Faith Financial Planners, Inc. c/o Stephen R. Bolt 801 Crescent Centre Drive Suite 450 Franklin, TN 37067	Mary J. LaMotte 11948 Eden Estates Drive Carmel, IN 46033
Stephen R. Bolt 5416 Leipers Creek Road Franklin, TN 37064	Carlton Fields Post Office Box 1171 Orlando, FL 32802-1171
Stephen R. Bolt 5416 Leipers Creek Road Franklin, TN 37064	Carlton Fields Post Office Box 1171 Orlando, FL 32802-1171

B6 Declaration (Official Form 6 - Declaration). (12/07)

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

In re **Thomas J. Kane, III**

Debtor(s)

Case No.

Chapter

11

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of **27** sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date **March 22, 2010**

Signature **/s/ Thomas J. Kane, III**

Thomas J. Kane, III

Debtor

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.

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

In re **Thomas J. Kane, III**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **March 22, 2010**

/s/ Thomas J. Kane, III

Thomas J. Kane, III

Signature of Debtor

Accord Insurance Network of America, Inc
3101 North Federal Highway
Suite 30
Fort Lauderdale, FL 33306

American Values Financial Group, Inc.
801 Crescent Centre Drive
Suite 450
Franklin, TN 37067

Bank of America
P.O. Box 15710
Wilmington, DE 19886

Bank of America
P.O. Box 26078
Greensboro, NC 27420

Broward County Revenue Collection
P.O. Box 29009
Fort Lauderdale, FL 33301-9009

Carlton Fields
Post Office Box 1171
Orlando, FL 32802-1171

Charles Smith
Post Office Box 59
Butler, MD 21023

Chase Bank USA, NA
c/o National Action Financial Svc., Inc.
Post Office Box 9027
Buffalo, NY 14231-9027

Chase Visa
Card Member Services
P.O. Box 15153
Wilmington, DE 19886

Chase Visa Card Member Services
P.O. Box 15153
Wilmington, DE 19886

CIT Communications Finance Corporation
1 CIT Drive
Livingston, NJ 07039

Citibank Mastercard
Post Office Box 9241
Uniondale, NY 11555

Collectcorp
Post Office Box 101928
Dept 4947A
Birmingham, AL 35210-1929

Faith Financial Planners, Inc.
c/o Stephen R. Bolt
801 Crescent Centre Drive
Suite 450
Franklin, TN 37067

First Equity Card Corp Visa
Post Office Box 23029
Columbus, GA 31902-3029

FL Dept of Revenue
5050 W. Tennessee St
Tallahassee, FL 32399

Glenn R. Caddy, Ph.D., P.A.
3101 North Federal Highway
Suite 301
Fort Lauderdale, FL 33306

Internal Revenue Service
Attn: Special Procedures
P.O. Box 34045
Stop 572
Jacksonville, FL 32202

Internal Revenue Service
P.O. Box 105017
Atlanta, GA 30348-5017

Internal Revenue Service
Ogden, UT 84201-0039

James M. Stanton
6365 Bahia Del Mar Drive
#111-J
Saint Petersburg, FL 33715

Marathon Renovation & Restoration, LLC
21 Sunset Hill Road
Bethel, CT 06801

Margaret B. Kane
4 Antler Pine Road
Sandy Hook, CT 06482

Marvin L. and Elaine S. Bittinger
3011 Whispering Trail
Carmel, IN 46033

Mary Brown
4 Antler Pine Road
Sandy Hook, CT 06482

Mary J. LaMotte
11948 Eden Estates Drive
Carmel, IN 46033

Mike and Dalene McCloud
c/o Bryant C. Dunaway, Esquire
721 North Dixie Avenue
Cookeville, TN 38501

Mike's Masonary
205 Hanover Road
Newtown, CT 06470

Newtown County Tax Collector
Post Office Box 5
Newtown, CT 06470

Nivcab, Inc.
3101 North Federal Highway
Suite 701
Fort Lauderdale, FL 33306

Paetec
600 WillowBrook Office Park
Fairport, NY 14450

Receivable Management Services
Post Office Box 280431
East Hartford, CT 06128-0431

Robert S. Unger
9127 Buckhill Drive
Littleton, CO 80126

Roman G. Fisher
3100 North Ocean Boulevard
Apartment 806
Fort Lauderdale, FL 33308

Shell Card Center
Post Office Box 689151
Des Moines, IA 50368-9151

Stephen R. Bolt
5416 Leipers Creek Road
Franklin, TN 37064

Stephen R. LaMotte
11948 Eden Estates Drive
Carmel, IN 46033

T. Crain Houston
Post Office Box 59
Butler, MD 21023

Tennessee Commerce Bank
381 Mallory Station Road
Suite 207
Franklin, TN 37067

Thomaston Metal Works
Post Office Box 132
Thomaston, CT 06787

UBS Bank, USA
c/o UBS Financial Services, Inc.
1000 Harbor Boulevard
7th Floor
Weehawken, NJ 07086

US Bank National Association, as Trustee
c/o Jeffrey M. Knickerbocker, Esquire
Hunt Leibert Jacobson, P.C.
50 Weston Street
Hartford, CT 06120

Varicom
4687 N.W. 7th Street
Deerfield Beach, FL 33442

Victory Insurance Co.
5915 Landerbrook Drive
Cleveland, OH 44124

Wachovia Bank
PO Box 105204
Atlanta, GA 30348-5204

Wachovia Bank
Post Office Box 96074
Charlotte, NC 28260

Wachovia Bank
Post Office Box 13327
Roanoke, VA 24040-0343

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

In re Thomas J. Kane, III

Debtor(s)


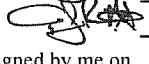
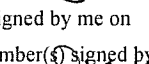

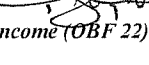
Case No. _____

Chapter 11

**DECLARATION UNDER PENALTY OF PERJURY TO ACCOMPANY PETITIONS, SCHEDULES AND
STATEMENTS FILED ELECTRONICALLY**

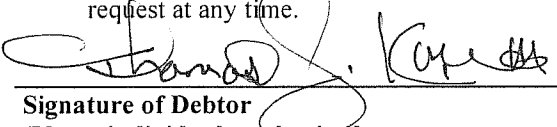
Note: This declaration must be filed with each electronically filed initial petition or amended petition and must contain the imaged signature of the debtor. This declaration must also be filed with an initial schedule, SFA, Statement of Social Security Number, or Statement of Current Monthly Income (OBF 22) not filed with the initial petition or any amended schedules, SFA, Statement of Social Security Number, and/or Statement of Current Monthly Income (OBF 22) unless these documents contain an imaged signature of the debtor(s).

Check all documents that apply to this declaration

- | | |
|--|--|
| <input checked="" type="checkbox"/> Voluntary petition signed by me on <u></u> <u>March 22, 2010</u> | <input type="checkbox"/> Amended voluntary petition signed by me on _____ |
| <input checked="" type="checkbox"/> Schedules signed by me on <u></u> <u>March 22, 2010</u> | <input type="checkbox"/> Amended schedules signed by me on _____ |
| <input checked="" type="checkbox"/> Statement of Financial Affairs signed by me on <u></u> <u>March 22, 2010</u> | <input type="checkbox"/> Amended Statement of Financial Affairs signed by me on _____ |
| <input checked="" type="checkbox"/> Statement of Social Security Number(s) signed by me on <u></u> <u>March 22, 2010</u> | <input type="checkbox"/> Amended Statement of Social Security Number(s) signed by me on _____ |
| <input checked="" type="checkbox"/> Statement of <i>Current Monthly Income</i> (OBF 22) signed by me on <u></u> <u>March 22, 2010</u> | <input type="checkbox"/> Amended Statement of <i>Current Monthly Income</i> (OBF 22) signed by me on _____ |

I, Thomas J. Kane, III, the undersigned debtor(s) hereby declare under penalty of perjury as follows:

- I have reviewed and signed the original(s) of the document(s) identified above and the information contained in the Verified Document(s) is true and correct to the best of my knowledge and belief.
- I understand that Verified Document(s) filed in electronic form shall be treated for all purposes (both civil and criminal, including penalties of perjury) in the same manner as though signed or subscribed.
- I understand that the Verified Document(s) will be filed by my attorney in electronic form in connection with the above captioned case and that I have received and reviewed copies of the Verified Document(s) I have signed.
- I understand that my attorney is required by the court to retain the original signed Verified Document(s) for five years from date of discharge, dismissal or the conclusion of any pending appeals in this case and provide these documents to the court upon request at any time.


Signature of Debtor
(If non individual, authorized corporate representative)

Thomas J. Kane, III

Print or Type Name (and title if applicable)

John E. Page 0860581

Print or Type Name of Attorney for Debtor

Signature of Joint Debtor (if applicable)

Print Name

561 443 0800

Phone: