

Fill in this information to identify the case:

United States Bankruptcy Court for the: \_\_\_\_\_ District of FLORIDA (State)  
Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_

Check if this is an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name MEDLEY PLAZA, INC.

2. All other names debtor used in the last 8 years  
Include any assumed names, trade names, and doing business as names  
MEDLEY PLAZA, INC.  
MEDLEY PLAZA  
WILLIAM E. BEECHE  
BILL BEECHE

3. Debtor's federal Employer Identification Number (EIN) 55-0858368

4. Debtor's address  
Principal place of business: 8601 NW South River Dr. (Number Street)  
MEDLEY (City)  
MEDLEY, FL 33166 (City State ZIP Code)  
County: MIAMI-DADE  
Mailing address, if different from principal place of business: 1007 Flemming Dr. (Number Street)  
West Palm Beach, FL 33411 (City State ZIP Code)  
P.O. Box: \_\_\_\_\_  
Location of principal assets, if different from principal place of business: \_\_\_\_\_ (Number Street) \_\_\_\_\_ (City State ZIP Code)

5. Debtor's website (URL) \_\_\_\_\_

6. Type of debtor  
 Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

Debtor

MEDLEY PLAZA, INC.

Case number (if known) \_\_\_\_\_

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

5311

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11.

Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No

Yes. District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_  
 District \_\_\_\_\_ When \_\_\_\_\_  
MM / DD / YYYY

Case number, if known \_\_\_\_\_

Debtor Name MEDLEY PLAZA, INC

Case number (if known) \_\_\_\_\_

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, 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.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other \_\_\_\_\_

Where is the property? 8601 NW South River Dr  
Number Street

MEDLEY, FL 33166  
City State ZIP Code

Is the property insured?

- No
- Yes. Insurance agency Unsure / contact "The RAMA FUND" (creditor)  
 Contact name Brien O'Shawizy  
 Phone \_\_\_\_\_

**Statistical and administrative information**

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- 1-49
- 50-99
- 100-199
- 200-999
- 1,000-5,000
- 5,001-10,000
- 10,001-25,000
- 25,001-50,000
- 50,001-100,000
- More than 100,000

15. Estimated assets

- \$0-\$50,000
- \$50,001-\$100,000
- \$100,001-\$500,000
- \$500,001-\$1 million
- \$1,000,001-\$10 million
- \$10,000,001-\$50 million
- \$50,000,001-\$100 million
- \$100,000,001-\$500 million
- \$500,000,001-\$1 billion
- \$1,000,000,001-\$10 billion
- \$10,000,000,001-\$50 billion
- More than \$50 billion

Debtor Name Medley Plaza, Inc

Case number (if known) \_\_\_\_\_

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000                     | <input type="checkbox"/> \$1,000,001-\$10 million    | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000               | <input type="checkbox"/> \$10,000,001-\$50 million   | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000              | <input type="checkbox"/> \$50,000,001-\$100 million  | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion        |

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature of authorized representative of debtor**

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

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 5/2/2016  
MM / DD / YYYY

x William Beeche  
Signature of authorized representative of debtor

WILLIAM BEECHE  
Printed name

Title President of Medley Plaza, Inc.

Phone: 305.303.3359

**18. Signature of attorney**

x \_\_\_\_\_  
Signature of attorney for debtor

Date \_\_\_\_\_  
MM / DD / YYYY

Printed name \_\_\_\_\_

Firm name \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contact phone 305.303.3359

Email address \_\_\_\_\_

Bar number \_\_\_\_\_ State \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name Medley Plaza, LLC

United States Bankruptcy Court for the: \_\_\_\_\_ District of FL  
(State)

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:  
Copy line 88 from Schedule A/B..... \$ 1,5M.11

1b. Total personal property:  
Copy line 91A from Schedule A/B..... \$ 0.00

1c. Total of all property:  
Copy line 92 from Schedule A/B..... \$ 1,5M.11

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)  
Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D..... \$ 950,000

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:  
Copy the total claims from Part 1 from line 5a of Schedule E/F..... \$ \_\_\_\_\_

3b. Total amount of claims of nonpriority amount of unsecured claims:  
Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F..... + \$ \_\_\_\_\_

4. **Total liabilities**..... \$ 950,000  
Lines 2 + 3a + 3b

**Fill in this information to identify the case:**

Debtor name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206A/B

**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents**

1. Does the debtor have any cash or cash equivalents?

- No. Go to Part 2.
- Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

2. Cash on hand

\$ \_\_\_\_\_

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	
3.1. _____	_____	_____	\$ _____
3.2. _____	_____	_____	\$ _____

4. Other cash equivalents (Identify all)

4.1. _____	\$ _____
4.2. _____	\$ _____

5. Total of Part 1

\$ \_\_\_\_\_

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**Part 2: Deposits and prepayments**

6. Does the debtor have any deposits or prepayments?

- No. Go to Part 3.
- Yes. Fill in the information below.

Current value of debtor's interest

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

7.1. _____	\$ _____
7.2. _____	\$ _____

Debtor

Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. \_\_\_\_\_ \$ \_\_\_\_\_

8.2. \_\_\_\_\_ \$ \_\_\_\_\_

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ \_\_\_\_\_

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

11a. 90 days old or less: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \$ \_\_\_\_\_  
face amount doubtful or uncollectible accounts

11b. Over 90 days old: \_\_\_\_\_ - \_\_\_\_\_ = ..... → \$ \_\_\_\_\_  
face amount doubtful or uncollectible accounts

12. Total of Part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ \_\_\_\_\_

Part 4: Investments

13. Does the debtor own any investments?

No. Go to Part 5.

Yes. Fill in the information below.

Valuation method used for current value

Current value of debtor's interest

14. Mutual funds or publicly traded stocks not included in Part 1

Name of fund or stock:

14.1. \_\_\_\_\_ \$ \_\_\_\_\_

14.2. \_\_\_\_\_ \$ \_\_\_\_\_

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. \_\_\_\_\_ % \$ \_\_\_\_\_

15.2. \_\_\_\_\_ % \$ \_\_\_\_\_

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. \_\_\_\_\_ \$ \_\_\_\_\_

16.2. \_\_\_\_\_ \$ \_\_\_\_\_

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ 0.00

Debtor

Name

Case number (if known)

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- No. Go to Part 6.
- Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies	MM / DD / YYYY	\$ _____	_____	\$ _____

23. Total of Part 5

Add lines 19 through 22. Copy the total to line 84.

\$ _____
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24. Is any of the property listed in Part 5 perishable?

- No
- Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- No
- Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- No. Go to Part 7.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6	\$ _____	_____	\$ _____



Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

33. Total of Part 6.

Add lines 28 through 32. Copy the total to line 85.

\$ 0.00

34. Is the debtor a member of an agricultural cooperative?

- No
- Yes. Is any of the debtor's property stored at the cooperative?
  - No
  - Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- No
- Yes. Book value \$ \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \$ \_\_\_\_\_

36. Is a depreciation schedule available for any of the property listed in Part 6?

- No
- Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- No
- Yes

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- No. Go to Part 8.
- Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software	\$ _____	_____	\$ _____
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. Total of Part 7.

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

- No
- Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- No
- Yes

Debtor

Name

Case number (if known)

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- No. Go to Part 9.
- Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
--	--	---	------------------------------------

47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles

47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____

48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels

48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____

49. Aircraft and accessories

49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

_____	\$ _____	_____	\$ _____
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51. Total of Part 8.

Add lines 47 through 50. Copy the total to line 87.

\$ _____
----------

52. Is a depreciation schedule available for any of the property listed in Part 8?

- No
- Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- No
- Yes

Debtor

Name

Case number (if known)

**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.

Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 <u>Strip Center</u>	<u>Leased office</u>	<u>1 Million</u>	<u>2011 Appraisal</u>	<u>\$ 500,000</u>
55.2 _____	_____	\$ _____	_____	\$ _____
55.3 _____	_____	\$ _____	_____	\$ _____
55.4 _____	_____	\$ _____	_____	\$ _____
55.5 _____	_____	\$ _____	_____	\$ _____
55.6 _____	_____	\$ _____	_____	\$ _____

56. Total of Part 9.

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

\$ 500,000

57. Is a depreciation schedule available for any of the property listed in Part 9?

No

Yes

58. Has any of the property listed in Part 9 been appraised by a professional within the last year?

No

Yes

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.

Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites	\$ _____	_____	\$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations	\$ _____	_____	\$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____

66. Total of Part 10.

Add lines 60 through 65. Copy the total to line 89.

\$ \_\_\_\_\_

Debtor

Name

Case number (if known)

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- No
- Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- No
- Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- No
- Yes

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- No. Go to Part 12.
- Yes. Fill in the information below.

Current value of debtor's interest

71. Notes receivable

Description (include name of obligor)

\_\_\_\_\_ Total face amount - \_\_\_\_\_ doubtful or uncollectible amount = → \$ \_\_\_\_\_

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

\_\_\_\_\_ \$ \_\_\_\_\_

74. Causes of action against third parties (whether or not a lawsuit has been filed)

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

\_\_\_\_\_ \$ \_\_\_\_\_

Nature of claim \_\_\_\_\_

Amount requested \$ \_\_\_\_\_

76. Trusts, equitable or future interests in property

\_\_\_\_\_ \$ \_\_\_\_\_

77. Other property of any kind not already listed *Examples: Season tickets, country club membership*

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ \_\_\_\_\_

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- No
- Yes

Debtor Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

### Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$ _____	
81. Deposits and prepayments. Copy line 9, Part 2.	\$ _____	
82. Accounts receivable. Copy line 12, Part 3.	\$ _____	
83. Investments. Copy line 17, Part 4.	\$ _____	
84. Inventory. Copy line 23, Part 5.	\$ _____	
85. Farming and fishing-related assets. Copy line 33, Part 6.	\$ _____	
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.	\$ _____	
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.	\$ _____	
88. Real property. Copy line 56, Part 9. ....>		\$ 500,000
89. Intangibles and intellectual property. Copy line 66, Part 10.	\$ _____	
90. All other assets. Copy line 78, Part 11.	+ \$ _____	
91. Total. Add lines 80 through 90 for each column. .... 91a.	\$ _____	+ 91b. \$ _____
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. ....		\$ _____

Fill in this information to identify the case:

Debtor name \_\_\_\_\_  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 (State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206D

**Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim Do not deduct the value of collateral.	Value of collateral that supports this claim

2.1 Creditor's name KAMA FUND, LLC Describe debtor's property that is subject to a lien 8601 N.W. South River Dr. \$ 913,000 \$ 1.5 MIL

Creditor's mailing address 26901 Arrowhead #250 Strip Center Medley, FL 33166

Arrowhead Hills, CA 91301 Describe the lien Mortgage 1

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred 08/2011 Is the creditor an insider or related party?  
 No  
 Yes

Last 4 digits of account number \_\_\_\_\_ Is anyone else liable on this claim?  
 No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?  
 No  
 Yes. Specify each creditor, including this creditor, and its relative priority.

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

2.2 Creditor's name Dept. of Rev State of FL Describe debtor's property that is subject to a lien 8601 N.W. South River Dr.

Creditor's mailing address \_\_\_\_\_

Creditor's email address, if known \_\_\_\_\_

Date debt was incurred \_\_\_\_\_ Is the creditor an insider or related party?  
 No  
 Yes

Last 4 digits of account number \_\_\_\_\_ Is anyone else liable on this claim?  
 No  
 Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Do multiple creditors have an interest in the same property?  
 No  
 Yes. Have you already specified the relative priority?  
 No. Specify each creditor, including this creditor, and its relative priority.  
 \_\_\_\_\_  
 Yes. The relative priority of creditors is specified on lines \_\_\_\_\_

As of the petition filing date, the claim is:  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$ \_\_\_\_\_

Debtor

Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 1: Additional Page**

*Column A*  
Amount of claim  
Do not deduct the value  
of collateral.

*Column B*  
Value of collateral  
that supports this  
claim

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

<p>2. <u>   </u> Creditor's name _____</p> <p>Creditor's mailing address _____ _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  _____                  _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p style="text-align: right;">\$ _____ \$ _____</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>
---	---

<p>2. <u>   </u> Creditor's name _____</p> <p>Creditor's mailing address _____ _____</p> <p>Creditor's email address, if known _____</p> <p>Date debt was incurred _____ Last 4 digits of account number _____</p> <p>Do multiple creditors have an interest in the same property?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Have you already specified the relative priority?  <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority.                  _____                  _____</p> <p><input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____</p>	<p>Describe debtor's property that is subject to a lien _____</p> <p style="text-align: right;">\$ _____ \$ _____</p> <p>Describe the lien _____</p> <p>Is the creditor an insider or related party?  <input type="checkbox"/> No  <input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?  <input type="checkbox"/> No  <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H).</p> <p>As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p>
---	---

Debtor \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____
_____	Line 2. __	_____



**Fill in this information to identify the case:**

Debtor \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number \_\_\_\_\_  
(If known)

Check if this is an amended filing

Official Form 206E/F

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part Included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- No. Go to Part 2.
- Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

	Total claim	Priority amount
<p><b>2.1</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>2.2</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>
<p><b>2.3</b> Priority creditor's name and mailing address</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)</p>	<p>As of the petition filing date, the claim is: \$ _____</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: _____</p> <p>Is the claim subject to offset?</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>\$ _____</p>

Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:  
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:  
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:  
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

2. Priority creditor's name and mailing address

\$ \_\_\_\_\_ \$ \_\_\_\_\_

As of the petition filing date, the claim is:  
Check all that apply.

- Contingent
- Unliquidated
- Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (\_\_\_\_)

Debtor

Name

Case number (if known)

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

**3.1** Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

**3.2** Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

**3.3** Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

**3.4** Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

**3.5** Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

**3.6** Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \$ \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed  
 Liquidated and neither contingent nor disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ \_\_\_\_\_

3. Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ \_\_\_\_\_

3. Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ \_\_\_\_\_

3. Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ \_\_\_\_\_

3. Nonpriority creditor's name and mailing address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

As of the petition filing date, the claim is: \_\_\_\_\_  
 Check all that apply.  
 Contingent  
 Unliquidated  
 Disputed

Basis for the claim: \_\_\_\_\_

Date or dates debt was incurred \_\_\_\_\_  
 Last 4 digits of account number \_\_\_\_\_

Is the claim subject to offset?  
 No  
 Yes

\$ \_\_\_\_\_

Debtor

Name

Case number (if known)

Part 3:

List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____-____-____

Debtor

Name

Case number (if known)

**Part 3: Additional Page for Others to Be Notified About Unsecured Claims**

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____
4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____-____

Debtor

Name

Case number (if known)

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1

5a. \$ \_\_\_\_\_

5b. Total claims from Part 2

5b. + \$ \_\_\_\_\_

5c. Total of Parts 1 and 2  
Lines 5a + 5b = 5c.

5c. \$ \_\_\_\_\_

**Fill in this information to identify the case:**

Debtor name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (if known): \_\_\_\_\_ Chapter \_\_\_\_\_

Check if this is an amended filing

**Official Form 206G**

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

**1. Does the debtor have any executory contracts or unexpired leases?**

- No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases		State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.2	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.3	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.4	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____
2.5	State what the contract or lease is for and the nature of the debtor's interest _____ _____ State the term remaining _____ List the contract number of any government contract _____	_____ _____ _____ _____



Debtor

Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Executory Contracts or Unexpired Leases**

Copy this page only if more space is needed: Continue numbering the lines sequentially from the previous page.

List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____
2.	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____
2.	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____
2.	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____
2.	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____
2.	State what the contract or lease is for and the nature of the debtor's interest _____ _____	_____ _____
	State the term remaining _____	_____
	List the contract number of any government contract _____	_____

Fill in this information to identify the case:

Debtor name \_\_\_\_\_  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 206H

**Schedule H: Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

	Name	Mailing address	Name	Check all schedules that apply:
2.1	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.4	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6	_____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**Additional Page if Debtor Has More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2. _____	Street _____ _____ City _____ State _____ ZIP Code _____	_____	<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case and this filing:

Debtor Name \_\_\_\_\_

United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
(State)

Case number (if known): \_\_\_\_\_

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING - Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- Amended Schedule \_\_\_\_\_
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 05/02/2016  
MM/DD/YYYY

William Beeche  
Signature of individual signing on behalf of debtor

WILLIAM BEECHE  
Printed name  
President of Medley Plaza, LLC  
Position or relationship to debtor

Fill in this information to identify the case:

Debtor name \_\_\_\_\_  
 United States Bankruptcy Court for the: \_\_\_\_\_ District of \_\_\_\_\_  
 (State)  
 Case number (if known): \_\_\_\_\_

Check if this is an amended filing

Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy** 12/15

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

**Part 1: Income**

**1. Gross revenue from business**

None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year		Sources of revenue Check all that apply	Gross revenue (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ to Filing date MM/DD/YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ _____
For prior year:	From _____ to _____ MM/DD/YYYY MM/DD/YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ _____
For the year before that:	From _____ to _____ MM/DD/YYYY MM/DD/YYYY	<input type="checkbox"/> Operating a business <input type="checkbox"/> Other _____	\$ _____

**2. Non-business revenue**

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None

	Description of sources of revenue	Gross revenue from each source (before deductions and exclusions)
From the beginning of the fiscal year to filing date:	From _____ to Filing date MM/DD/YYYY	\$ _____
For prior year:	From _____ to _____ MM/DD/YYYY MM/DD/YYYY	\$ _____
For the year before that:	From _____ to _____ MM/DD/YYYY MM/DD/YYYY	\$ _____

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**Part 2: List Certain Transfers Made Before Filing for Bankruptcy**

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer Check all that apply
3.1. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. Creditor's name _____ Street _____ City _____ State _____ ZIP Code _____	_____	\$ _____	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,225. (This amount may be adjusted on 4/01/16 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____
4.2. Insider's name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	\$ _____	_____

Debtor

Name

Case number (if known)

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Description of the property	Date	Value of property
5.1. Creditor's name Street City State ZIP Code			\$
5.2. Creditor's name Street City State ZIP Code			\$

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
Creditor's name Street City State ZIP Code			\$
Last 4 digits of account number: XXXX- _____			

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Case title Case number		Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. Case title Case number		Court or agency's name and address Name Street City State ZIP Code	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

Custodian's name and address	Description of the property	Value
_____ Custodian's name _____ Street _____ City State ZIP Code	_____ Case title _____ Case number _____ Date of order or assignment _____	\$ _____ _____ Court name and address _____ Name _____ Street _____ City State ZIP Code

**Part 4: Certain Gifts and Charitable Contributions**

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____ Recipient's name _____ Street _____ City State ZIP Code Recipient's relationship to debtor _____	_____ _____ _____	_____ _____ _____	\$ _____ _____ _____
9.2. _____ Recipient's name _____ Street _____ City State ZIP Code Recipient's relationship to debtor _____	_____ _____ _____	_____ _____ _____	\$ _____ _____ _____

**Part 5: Certain Losses**

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets - Real and Personal Property).	Date of loss	Value of property lost
_____ _____ _____	_____ _____ _____	_____ _____ _____	\$ _____ _____ _____



Debtor

Name

Case number (if known)

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
--	---	-------	-----------------------

11.1.

Address

Street

City

State

ZIP Code

Email or website address

Who made the payment, if not debtor?

Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
--	---	-------	-----------------------

11.2.

Address

Street

City

State

ZIP Code

Email or website address

Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

Trustee

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____	_____	_____	\$ _____
<b>Address</b>			
Street _____			
City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b>			
_____			

13.2. _____	_____	_____	\$ _____
<b>Address</b>			
Street _____			
City _____ State _____ ZIP Code _____			
<b>Relationship to debtor</b>			
_____			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____ Street _____	_____	_____
City _____ State _____ ZIP Code _____		
14.2. _____ Street _____	_____	_____
City _____ State _____ ZIP Code _____		

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**Part 8: Health Care Bankruptcies**

**15. Health Care bankruptcies**

- Is the debtor primarily engaged in offering services and facilities for:
- diagnosing or treating injury, deformity, or disease, or
  - providing any surgical, psychiatric, drug treatment, or obstetric care?
- No. Go to Part 9.
- Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1.

Facility name _____	_____	_____
Street _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____	How are records kept?  Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
City _____ State _____ ZIP Code _____	_____	

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2.

Facility name _____	_____	_____
Street _____	Location where patient records are maintained (if different from facility address). If electronic, identify any service provider. _____	How are records kept?  Check all that apply: <input type="checkbox"/> Electronically <input type="checkbox"/> Paper
City _____ State _____ ZIP Code _____	_____	

**Part 9: Personally Identifiable Information**

**16. Does the debtor collect and retain personally identifiable information of customers?**

- No.
- Yes. State the nature of the information collected and retained. \_\_\_\_\_
- Does the debtor have a privacy policy about that information?
- No
- Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- No. Go to Part 10.
- Yes. Does the debtor serve as plan administrator?
- No. Go to Part 10.
- Yes. Fill in below.
- Name of plan \_\_\_\_\_ Employer identification number of the plan

- Has the plan been terminated?
- No
- Yes

EIN: \_\_\_\_\_ - \_\_\_\_\_

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	_____ Name _____ Street _____ City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____
18.2.	_____ Name _____ Street _____ City State ZIP Code	XXXX- _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other _____	_____	\$ _____

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____ Street _____ City State ZIP Code	_____ _____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
_____ Name _____ Street _____ City State ZIP Code	_____ _____ _____ Address _____ _____	_____ _____ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

Owner's name and address	Location of the property	Description of the property	Value
Name _____	_____	_____	\$ _____
Street _____	_____	_____	
City _____ State _____ ZIP Code _____			

**Part 12: Details About Environmental Information**

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No  
 Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
Case number _____	Name _____	_____	<input type="checkbox"/> Pending
_____	Street _____	_____	<input type="checkbox"/> On appeal
	City _____ State _____ ZIP Code _____		<input type="checkbox"/> Concluded

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- No  
 Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____		

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- No
- Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name _____	Name _____	_____	_____
Street _____	Street _____	_____	_____
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	_____

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- None

Business name and address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
25.1. Name _____	_____	EIN: _____
Street _____	_____	Dates business existed
City _____ State _____ ZIP Code _____	_____	From _____ To _____

Business name and address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
25.2. Name _____	_____	EIN: _____
Street _____	_____	Dates business existed
City _____ State _____ ZIP Code _____	_____	From _____ To _____

Business name and address	Describe the nature of the business	Employer identification number Do not include Social Security number or ITIN.
25.3. Name _____	_____	EIN: _____
Street _____	_____	Dates business existed
City _____ State _____ ZIP Code _____	_____	From _____ To _____

Debtor

Name

Case number (if known)

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address

Dates of service

From \_\_\_\_\_ To \_\_\_\_\_

26a.1.

Name

Street

City

State

ZIP Code

Name and address

Dates of service

From \_\_\_\_\_ To \_\_\_\_\_

26a.2.

Name

Street

City

State

ZIP Code

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address

Dates of service

From \_\_\_\_\_ To \_\_\_\_\_

26b.1.

Name

Street

City

State

ZIP Code

Name and address

Dates of service

From \_\_\_\_\_ To \_\_\_\_\_

26b.2.

Name

Street

City

State

ZIP Code

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address

If any books of account and records are unavailable, explain why

26c.1.

Name

Street

City

State

ZIP Code

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**Name and address**

If any books of account and records are unavallable, explain why

26c.2.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

**Name and address**

26d.1.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Name and address**

26d.2.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

- No
- Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

\_\_\_\_\_ \$ \_\_\_\_\_

**Name and address of the person who has possession of inventory records**

27.1.

Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_



Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

Name of the person who supervised the taking of the inventory \_\_\_\_\_ Date of inventory \_\_\_\_\_  
The dollar amount and basis (cost, market, or other basis) of each inventory \$ \_\_\_\_\_

Name and address of the person who has possession of inventory records

27.2 Name \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of Interest, if any
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

- No
- Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
_____	_____	_____	From ____ To ____
_____	_____	_____	From ____ To ____
_____	_____	_____	From ____ To ____
_____	_____	_____	From ____ To ____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- No
- Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Name _____ Street _____ City _____ State _____ ZIP Code _____ Relationship to debtor _____	_____	_____	_____

Debtor \_\_\_\_\_  
Name

Case number (if known) \_\_\_\_\_

**Name and address of recipient**

30.2

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Relationship to debtor \_\_\_\_\_

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- No  
 Yes. Identify below.

Name of the parent corporation \_\_\_\_\_

Employer identification number of the parent corporation

EIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- No  
 Yes. Identify below.

Name of the pension fund \_\_\_\_\_

Employer identification number of the pension fund

EIN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Part 14: Signature and Declaration**

**WARNING** – Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

X

\_\_\_\_\_  
Signature of individual signing on behalf of the debtor

Printed name \_\_\_\_\_

Position or relationship to debtor \_\_\_\_\_

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- No  
 Yes

Database: MRISAGLO  
 ENTITY: MEDLPL

**Standard Balance Sheet**  
**Saglo Development Corporation DB**  
**Receiver For: Medley Plaza Inc**

Page: 1  
 Date: 8/17/2015  
 Time: 08:53 AM

Accrual, Cash, Client Pref

Report includes an open period. Entries are not final.

Jul 2015

Assets

Operating Bank Account	55,051.24
A/R Prof.Retainer	3,000.00
Deposits - Others	963.00

Total Assets	<u>59,014.24</u>
--------------	------------------

Liabilities

Accounts Payable	2,488.41
Sales Tax Payable	9,514.75
Sales Tax Paid	(3,318.00)
Security deposits	2,000.00
Other Liabilities	297.90

Total Liabilities	<u>10,983.06</u>
-------------------	------------------

Equity

Income (Loss) Curr.Year	35,670.15
Retained Earnings	12,361.03

Total Equity	<u>48,031.18</u>
--------------	------------------

Total Liability & Stockholders Equity	<u>59,014.24</u>
---------------------------------------	------------------

Database: MRISAGLO  
 ENTITY: MEDLPL  
 Cash

Comparative Income Statement  
 Profit & Loss Statement  
 Saglo Development Corporation DB  
 Receiver For: Medley Plaza Inc

Page: 1  
 Date: 8/17/2015  
 Time: 09:11 AM

Report includes an open period. Entries are not final.

	Current Period			Year-To-Date		
	Actual Jul 2015	Budget Jul 2015	Variance	Actual Jul 2015	Budget Jul 2015	Variance

<b>Rental Income</b>						
Base Rent Income	2,975.00	2,975.00	0.00	31,325.00	30,825.00	500.00
Billboard Space Income	0.00	0.00	0.00	30,000.00	30,000.00	0.00
<b>Total Rental Income</b>	<b>2,975.00</b>	<b>2,975.00</b>	<b>0.00</b>	<b>61,325.00</b>	<b>60,825.00</b>	<b>500.00</b>
<b>Other Income</b>						
Interest Income	6.39	0.00	6.39	6.39	0.00	6.39
Sales Tax Coll.Allowance	30.00	0.00	30.00	38.71	0.00	38.71
Utilities Income	200.00	200.00	0.00	1,380.00	1,580.00	(200.00)
Late / NSF Fee Income	0.00	0.00	0.00	10.00	0.00	10.00
<b>Total Other Income</b>	<b>236.39</b>	<b>200.00</b>	<b>36.39</b>	<b>1,435.10</b>	<b>1,580.00</b>	<b>(144.90)</b>
<b>Total Income</b>	<b>3,211.39</b>	<b>3,175.00</b>	<b>36.39</b>	<b>62,760.10</b>	<b>62,405.00</b>	<b>355.10</b>
<b>Operating Expenses</b>						
<b>Cleaning</b>						
Cleaning-Pressure Clean	424.56	512.00	87.44	424.56	512.00	87.44
Cleaning-Other	144.00	144.00	0.00	144.00	144.00	0.00
Cleaning-Trash Removal	189.82	190.00	0.18	1,185.97	1,330.00	144.03
<b>Total Cleaning Repairs &amp; Maintenance</b>	<b>758.38</b>	<b>846.00</b>	<b>87.62</b>	<b>1,754.53</b>	<b>1,986.00</b>	<b>231.47</b>
R&M-Plumbing	105.38	0.00	(105.38)	2,761.63	0.00	(2,761.63)
R&M Building Administrat.	150.00	100.00	(50.00)	697.00	700.00	3.00
R&M Roof	1,574.40	1,756.00	181.60	1,574.40	1,756.00	181.60
R&M-Gen Rpr Supp & Mat	0.00	800.00	800.00	5,773.56	5,600.00	(173.56)
R&M-Parking Lot Repairs	853.10	976.00	122.90	853.10	976.00	122.90
R&M-Parking Lot Striping	916.33	951.00	34.67	916.33	951.00	34.67
R&M-Locks & Keys	89.07	0.00	(89.07)	452.07	0.00	(452.07)
R&M-General Repairs	390.60	0.00	(390.60)	390.60	0.00	(390.60)
R&M-Property Inspection	0.00	0.00	0.00	171.00	0.00	(171.00)
<b>Total Repairs &amp; Maintenance Landscaping</b>	<b>4,078.88</b>	<b>4,583.00</b>	<b>504.12</b>	<b>13,589.69</b>	<b>9,983.00</b>	<b>(3,606.69)</b>

-36.13%

Database: MRISAGLO  
 ENTITY: MEDLPL  
 Cash

**Comparative Income Statement  
 Profit & Loss Statement  
 Saglo Development Corporation DB  
 Receiver For: Medley Plaza Inc**

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Report includes an open period. Entries are not final.

	Current Period			Year-To-Date			
	Actual Jul 2015	Budget Jul 2015	Variance	Actual Jul 2015	Budget Jul 2015	Variance	
Total Landscaping Security	0.00	0.00	0.00	0.00	0.00	0.00	
Total Security	0.00	0.00	0.00	0.00	0.00	0.00	
Utilities							
Utilities-Electric	187.62	250.00	62.38	1,561.19	1,750.00	188.81	10.79%
Utilities-Water & Sewer	1,212.42	500.00	(712.42)	5,714.82	3,500.00	(2,214.82)	-63.28%
Utilities-Storm Water	96.12	100.00	3.88	192.24	300.00	107.76	35.92%
Total Utilities	1,496.16	850.00	(646.16)	7,468.25	5,550.00	(1,918.25)	-34.56%
Administrative, Accounting & Audit							
Admin-Postage & Messenger	0.00	0.00	0.00	25.29	0.00	(25.29)	0.00%
Admin-Bank Charges	0.00	10.00	10.00	35.00	70.00	35.00	50.00%
Annual Partnership Fees	0.00	0.00	0.00	550.00	0.00	(550.00)	0.00%
Total Administrative, Accounting & Audit Management Fees	0.00	10.00	10.00	610.29	70.00	(540.29)	-771.84%
Mgmt Fees-Other	0.00	0.00	0.00	500.00	0.00	(500.00)	0.00%
Total Management Fees	0.00	0.00	0.00	500.00	0.00	(500.00)	
Total Maintenance Expenses	6,333.42	6,289.00	(44.42)	23,922.76	17,589.00	(6,333.76)	-36.01%
Insurance							
Total Insurance	0.00	0.00	0.00	0.00	0.00	0.00	
Taxes							
Taxes-Real Estate	0.00	0.00	0.00	347.32	347.00	(0.32)	-0.09%
Total Taxes	0.00	0.00	0.00	347.32	347.00	(0.32)	-0.09%
Total Operating Expenses	6,333.42	6,289.00	(44.42)	24,270.08	17,936.00	(6,334.08)	-35.31%
Net Operating Income (Loss)	(3,122.03)	(3,114.00)	(8.03)	38,490.02	44,469.00	(5,978.98)	-13.45%

Database: MRISAGLO  
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**Comparative Income Statement  
 Profit & Loss Statement  
 Saglo Development Corporation DB  
 Receiver For: Medley Plaza Inc**

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Report includes an open period. Entries are not final.

	Current Period			Year-To-Date		
	Actual Jul 2015	Budget Jul 2015	Variance	Actual Jul 2015	Budget Jul 2015	Variance
<b>Other Expenses</b>						
Charitable Contributions						
Total Charitable Contributions	0.00	0.00	0.00	0.00	0.00	0.00
Non Passthrough Operating Expenses						
Mgmt Fees-Third Party	800.00	800.00	0.00	2,400.00	5,600.00	3,200.00
Total Non Passthrough Op Expenses	800.00	800.00	0.00	2,400.00	5,600.00	3,200.00
Interest Debt Service						
Total Interest Debt Service	0.00	0.00	0.00	0.00	0.00	0.00
Marketing, Leasing and Professional						
Accounting Fees (Non Pass	0.00	0.00	0.00	312.50	0.00	(312.50)
Leasing- Empty Space Wor	0.00	0.00	0.00	7.62	0.00	(7.62)
Other Leasing Cost	0.00	100.00	100.00	0.00	700.00	700.00
Total Marketing, Leasing & Professional Depreciation & Amortization	0.00	100.00	100.00	320.12	700.00	379.88
Total Depreciation & Amortization	0.00	0.00	0.00	0.00	0.00	0.00
Alterations, Repairs, Re-Rent T/I						
Tenant AirConditioning Re	57.00	0.00	(57.00)	99.75	0.00	(99.75)
Total Alterations, Repairs & Re-Rent T/I Partnership Expenses	57.00	0.00	(57.00)	99.75	0.00	(99.75)
Total Partnership Expenses	0.00	0.00	0.00	0.00	0.00	0.00
Total Other Expenses	857.00	900.00	43.00	2,819.87	6,300.00	3,480.13
Net Income (Loss)	(3,979.03)	(4,014.00)	34.97	35,670.15	38,169.00	(2,498.85)
			0.87%			-6.55%

Database: MRISAGLO  
 ENTITY: MEDLPL

**Cash Flow**  
**Cash Flow Statement**  
**Saglo Development Corporation DB**  
**Receiver For: Medley Plaza Inc**

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Accrual, Cash

Report includes an open period. Entries are not final.

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Bank Balance

Operating Bank Account	61,207.27
Total Beginning Bank Balance	61,207.27

Cash Flows From Operations

Accounts Receivable-	
Accounts Payable-	
Sales Tax Payable	208.25
Sales Tax Paid	(2,385.25)
Net Income (Loss) From Operations	
Income (Loss) Curr.Year	(3,979.03)
Net Cash Flows From Operations	(6,156.03)

Cash Flows From Investing and Capital Expenditures

Net Cash Flows From Investing and Capital Expenditures	0.00
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Cash Flows From Financing Activities

Net Cash Flows From Financing Activities	0.00
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Bank Ending Balance

Operating Bank Account	55,051.24
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Total Ending Bank Balance	55,051.24
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