B1 (Official Form 1)(1/08)											
	Uı	nited S Nort	tates hern D	Bankr istrict (uptcy (of Indiar	Court 1a				Voluntary	Petition
Name of Debtor (if individe East York, LLC	lual, enter L	ast, First, N	Middle):			Name	of Joint De	btor (Spouse)	(Last, First	, Middle):	
All Other Names used by the (include married, maiden, a			years					used by the Jo		in the last 8 years	
`	FDBA State Road 37, LLC; DBA Glenbrook Mobile Park									,	
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 35-2119633						N Last fo	our digits of than one, st		Individual-	Taxpayer I.D. (ITIN) No	o./Complete EIN
Street Address of Debtor († 4714 Parnell Avenu Fort Wayne, IN		eet, City, an	nd State):			Street	Address of	Joint Debtor	(No. and St	reet, City, and State):	
, , , , , , , , , , , , , , , , , , , ,					ZIP Code 16825	-					ZIP Code
County of Residence or of Allen	the Principa	al Place of	Business:		70020	County	y of Reside	nce or of the	Principal Pl	ace of Business:	
Mailing Address of Debtor	(if different	t from stree	et address):		Mailin	g Address	of Joint Debto	or (if differe	nt from street address):	
				_	ZIP Code						ZIP Code
Location of Principal Asset	ts of Busine	ss Debtor	39	 39 North	Clinton						
(if different from street add	lress above)):	Fo	rt Wayn	e, IN 468	05					
Type of Debtor (Form of Organization) (Check one box) Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. Corporation (includes LLC and LLP) Partnership Other (If debtor is not one of the above entities, check this box and state type of entity below.) Nature of Bus (Check one b (Check one b (Check one b (Single Asset Real Est in 11 U.S.C. § 101 (5) Railroad Stockbroker Commodity Broker Clearing Bank Other Tax-Exempt I (Check box, if ap) Debtor is a tax-exem under Title 26 of the				one box) siness al Estate as 101 (51B) oker mpt Entity , if applicable exempt orga of the United	e) unization I States	defined	the Per 7 er 9 er 11 er 12 er 13 er primarily co in 11 U.S.C. § ed by an indivi	Petition is F	busin	ecognition eding ecognition	
Filing Fee (Check one box) Full Filing Fee attached 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. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B. 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 Debtor estimates that for Debtor estimates that, a there will be no funds a	unds will be after any exe available for	available tempt prope	rty is exc	luded and	administrati		es paid,		THE	S SPACE IS FOR COURT	USE ONLY
1- 50- 1	100-	200- 1] ,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	OVER 100,000			
\$0 to \$50,001 to \$	\$500,000 to	5500,001 \$ o \$1 to	\$1,000,001 o \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion				
\$0 to \$50,001 to		500,001	\$1,000,001 to \$10	\$10,000,001 to \$50	\$50,000,001 to \$100	\$100,000,001 to \$500	\$500,000,001 to \$1 billion	More than \$1 billion			

Case 10-11422-reg Doc 1 Filed 04/02/10 Page 2 of 26

BI (Official Fort	n 1)(1/08)		Page 2		
Voluntary	Petition	Name of Debtor(s): East York, LLC			
(This page mus	st be completed and filed in every case)				
	All Prior Bankruptcy Cases Filed Within Last	8 Years (If more than two, attach	n additional sheet)		
Location Where Filed:	- None -	Case Number:	Date Filed:		
Location Where Filed:		Case Number:	Date Filed:		
	nding Bankruptcy Case Filed by any Spouse, Partner, or		than one, attach additional sheet)		
Name of Debto Coliseum of	or: n Parnell, LLC	Case Number: 10-10405	Date Filed: 2/15/10		
District: Northern Di	strict of Indiana	Relationship:	Judge: Robert E. Grant		
	Exhibit A	(To be completed if debtor is an indiv	Exhibit B		
forms 10K at pursuant to S	leted if debtor is required to file periodic reports (e.g., and 10Q) with the Securities and Exchange Commission section 13 or 15(d) of the Securities Exchange Act of 1934 ting relief under chapter 11.)	(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).			
□ Exhibit	A is attached and made a part of this petition.	XSignature of Attorney for Debt	or(s) (Date)		
		ibit C			
l	r own or have possession of any property that poses or is alleged to Exhibit C is attached and made a part of this petition.		Table harm to public health or safety?		
		ibit D			
	eted by every individual debtor. If a joint petition is filed, ea	-	ich a separate Exhibit D.)		
If this is a joi	D completed and signed by the debtor is attached and made	a part of this petition.			
1	D also completed and signed by the joint debtor is attached a	and made a part of this petition.			
	Information Regardin	_	_		
•	(Check any appropriate the Check and Appropriate (Check any appropriate the Check and Appropriate (Check any appropriate the Check and Appropriate (Check any appropriate the Check any appropriate (Check any appropriate the Check and Appropriate the Che	al place of business, or principal a			
	There is a bankruptcy case concerning debtor's affiliate, g	• •	•		
	Debtor is a debtor in a foreign proceeding and has its printhis District, or has no principal place of business or assets proceeding [in a federal or state court] in this District, or the sought in this District.	cipal place of business or principals in the United States but is a defe	al assets in the United States in endant in an action or		
	Certification by a Debtor Who Reside (Check all app		operty		
_	Landlord has a judgment against the debtor for possession		eked, complete the following.)		
	(Name of landlord that obtained judgment)				
	(Address of landlord)				
	Debtor claims that under applicable nonbankruptcy law, the entire monetary default that gave rise to the judgment	for possession, after the judgmen	t for possession was entered, and		
	Debtor has included in this petition the deposit with the cafter the filing of the petition.	ourt of any rent that would becom	e due during the 30-day period		
	Debtor certifies that he/she has served the Landlord with	this certification. (11 U.S.C. § 362	2(1)).		

Case 10-11422-reg Doc 1	Filed 04/02/10 Page 3 of 26
B1 (Official Form 1)(1/08)	
Voluntary Petition	Name of Debtor(s): East York, LLC
(This page must be completed and filed in every case)	
	natures
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
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.	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	X
X Signature of Debtor	Signature of Foreign Representative
X Signature of Joint Debtor	Printed Name of Foreign Representative
Signature of Joint Bestor	Date
Telephone Number (If not represented by attorney)	Signature of Non-Attorney Bankruptcy Petition Preparer
	Signature of Non-Attorney Bankruptcy Fedition Freparer
Signature of Attorney* X Signature of Attorney for Petror(s) Daniel J. Skekloff 146-02 Printed Name of Attorney for Debtor(s) Skekloff, Adelsperger & Kleven, LLP Firm Name 927 South Harrison Street Fort Wayne, IN 46802 Address	I declare under penalty of perjury that: (I) 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), I10(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 bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)
Email: www.sak-law.com 260/407-7000 Fax: 260/407-7137 Telephone Number 4 - 2 - 10 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.	Address X Date
Signature of Debtor (Corporation/Partnership)	
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.	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:
Signature of Authorized Individual	
Christine Kotsopoulos	If more than one person prepared this document, attach additional sheets
Printed Name of Authorized Individual	conforming to the appropriate official form for each person.

Managing Member Title of Authorized Individual

Date

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.

U.S. Return of Partnership Income OMB No.1545-0099 Form 1065 For calendar year 2007, or tax year beginning 2007 ending 20 Department of the Treasury Internal Revenue Service See separate instructions. Employer identification A Principal business activity Use the IRS Rental Real Est East York LLC label. 6929 Roemke Rd E Date business started B Principal product or service Other-Woodburn, IN 46797 wise, Real Estate 10/02/2000 print C Business code number Total assets (see instrs) or type. \$ 1,301,666. 531120 Final return (4) Address change (5) G Check applicable boxes: (1)Initial return (2) (3)Name change Amended return Check accounting method: (1) Cash (2) Accrual (3) Other (specify).... ▶ Number of Schedules K-1. Attach one for each person who was a partner at any time during the tax year..... Check if Schedule M-3 attached..... Caution. Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information. 1a Gross receipts or sales..... 1 a b Less returns and allowances..... 1 b 10 2 INCOM 3 Gross profit. Subtract line 2 from line 1c..... 3 4 Ordinary income (loss) from other partnerships, estates, and trusts 4 (attach statement)..... 5 Net farm profit (loss) (attach Schedule F (Form 1040))..... 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)..... 6 Other income (loss) 7 (attach statement). 8 Total income (loss). Combine lines 3 through 7. 8 S E E 9 9 Salaries and wages (other than to partners) (less employment credits) 10 Guaranteed payments to partners 10 Repairs and maintenance..... 11 12 Bad debts..... 12 13 DEDUCT 14 14 Taxes and licenses ONS 15 **b** Less depreciation reported on Schedule A and elsewhere on return 16b 16c 439. O N S 17 18 18 Retirement plans, etc..... 19 19 Employee benefit programs..... 20 Other deductions 20 (attach statement) 439. 21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20..... -439. Ordinary business income (loss). Subtract line 21 from line 8. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member manager) is based on all information of which preparer has any knowledge. Sign Here May the IRS discuss this return with the preparer shown below (see instrs)? X Yes Date Signature of general partner or limited liability company member manager Preparer's SSN or PTIN Check if selfsignature Lewis CPA Group PC Paid

Lewis CPA Group PC

6030 E. State Blvd.

Fort Wayne, IN 46815

Firm's name

(or yours if self-employed),

Preparer's

Use Only

(260)

EIN

Form **7004**

(Rev December 2007) Department of the Treasury

Application for Automatic 6-Month Extension of Time To File Certain Business Income Tax, Information, and Other Returns File a separate application for each return.

OMB No. 1545-0233

interna	at Revenue Servi	ce File a	separate appir	Catton for each return.					
Tvn	e or	Name			Identifying numb	per			
Prin	it .	East York LLC		•	ſ				
		Number, street, and room or suite number. (If P.O. bo	ox. see instructions.)			·- · 			
	by the due	•	•						
	for the n for which	6929 Roemke Rd							
an ex	ktension is	City, town, state, and ZIP code (If a foreign address,	enter city, province o	r state, and country (follow the country's practice for e	ntering postal code)).				
	ested. See uctions.								
		Woodburn, IN 46797							
Note	e. See inst	tructions before completing this	form.						
1	Enter the fo	orm code for the return that this applicati	on is for (see b	elow)		09			
2	If the foreign corporation does not have an office or place of business in the United States, check here								
3	If the organ	ization is a corporation or partnership th	at qualifies und	ler Regulations section 1.6081-5, check h	nere	▶ 🗀			
4 a	The applica	tion is for calendar year 20 $\underline{07}$, or tax	year beginning	, 20, and ending		, 20			
b		ear. If this tax year is less than 12 month	•						
	Initial re	eturn Final return	Change in acco	ounting period Consolidated retu	urn to be filed				
5	If the organ	ization is a corporation and is the comm	on parent of a	group that intends to file a consolidated	return, check he	re ►			
	If checked, this applica	attach a schedule, listing the name, add tion.	ress, and Empl	oyer Identification Number (EIN) for eacl	n member cover	ed by			
6	Tentative to	tal tax			6	0.			
7	Total payme	ents and credits (see instructions)			7	0.			
8	Federal Tax	e. Subtract line 7 from line 6. Generally, Payment System (EFTPS), a Federal Ta	ax Deposit (FTE)) Coupon, or Electronic Funds					
	Withdrawal	(EFW) (see instructions for exceptions).	<u></u>		8	0.			
Appli Is Fo	cation r:		Form Code	Application Is For:		Form Code			
Form	706-GS(D)		01	paramas interements - 1					
Rejany	William Charles	Company of the second s		Form 1120-ND (section 4951 taxes)		20_			
Form	1041 (estate	e)	04	ERM DE MER PER SE					
Z-14 (1)	gieril (pagi)		Œ	Form 1120-POL		22			
Form	1041-N		06_	harm theo ears the second		72.			
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Form	1042		08_	Throught the court of		2			
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Form	1065-B		10	Fine 2020 And Little Control		24			
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Region)	Til Ziewaddien	eligeelestisaedigi interationog	is a lock and of	Form 8725	01/40-20 - 2 - 12 - 2 - 2 - 2	30			
WWW W. W. 151, 152	1120-C		34		والمراوا والمراوا والمراوا والمراوا والمراوا				
70101	oreshire d		<u> Paradorial</u>	Form 8831	Name of the state	32			
Form	1120-FSC		16	Here (68%)					
i dess	ingoha.			Form 8924		35			
_	1120-L		18						

BAA For Paperwork Reduction Act Notice, see separate instructions.

Form 7004 (Rev 12-2007)

Schedu	le K Partners' Distributive Share Items		otal amount_
	1 Ordinary business income (loss) (page 1, line 22)	1	-439.
	2 Net rental real estate income (loss) (attach Form 8825)	2	-49,002.
	3a Other gross rental income (loss)		
	b Expenses from other rental activities (attach stmt)		
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
Income	6 Dividends: a Ordinary dividends	6a	
(Loss)	b Qualified dividends		
Ì	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9 a	112,015.
	b Collectibles (28%) gain (loss)		
	c Unrecaptured section 1250 gain (attach statement)		
	10 Net section 1231 gain (loss) (attach Form 4797)	10	
	11 Other income (loss) (see instructions) Type ►	11	
	12 Section 179 deduction (attach Form 4562)	12	
Da alora	13a Contributions	_	
Deduc- tions	b Investment interest expense.		•
	c Section 59(e)(2) expenditures: (1) Type ► (2) Amount ►		
	al Other deducations (see instructions). Turns	13d	
Self-	14a Net earnings (loss) from self-employment.		-439.
Employ-	b Gross farming or fishing income		
ment	c Gross nonfarm income.		
	15a Low-income housing credit (section 42(j)(5))		
	b Low-income housing credit (other)		
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)		
Credits	d Other rental real estate credits (see instructions). Type ▶		
	e Other rental credits (see instructions)	15 e	
	f Other credits (see instructions)	15 f	
	16a Name of country or U.S. possession		
	b Gross income from all sources	16 b	
	c Gross income sourced at partner level.	16 c	
	Foreign gross income sourced at partnership level		
F	d Passive category ► e General category ► f Other	► 16f	
Foreign Trans-	Deductions allocated and apportioned at partner level		
actions		► 16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ► J General category ► kOther	► 16k	
	I Total foreign taxes (check one): ► Paid Accrued	161	
	mReduction in taxes available for credit (attach statement).		
	n Other foreign tax information (attach statement)	000000000000000000000000000000000000000	
	17a Post-1986 depreciation adjustment.		
Alternativ			
Minimum	c Depletion (other than oil and gas)		
Tax (AMT)	d Oil, gas, and geothermal properties – gross income	. 17d	
Îtems	e Oil, gas, and geothermal properties — deductions		
	f Other AMT items (attach stmt)	. 17f	
	18a Tax-exempt interest income	. 18a	
Other	b Other tax-exempt income		ļ <u> </u>
Infor- mation	c Nondeductible expenses.		
madon	19a Distributions of cash and marketable securities		230,085.
	b Distributions of other property		
	20a Investment income	-	
	b Investment expenses.	***********	
BAA	c Other items and amounts (attach stmt)	· ·	Form 1065 (2007)

Doc 1 Filed 04/02/10 Page 8 of 26 Analysis of Net Income (Loss)

2 Analysis by profiting toys prefiting toys a general profiting toys and the profiting toy and the profiting toys and the profit toys and the profiting toy and the profiting toys and the profit toys and the profiting the profit the profiting the profit	1 1	let income	(loss). Combine Sche	edule K, lines	1 throug	h 11. From the	resi	ult, subtract the sum	of	1	62,574.
Cash	2 A	nalysis by artner type:		(ii) Indiv	idual	dual (iii) Individu		(iv) Partnership		xempt	
Cash Assets Cash	_ p	artners L									
Cash		artners			<u>,574.</u>						
Cash 6, 281 3, 254	sche	dule L		er Books			of ta			End of t	
2a Trade notes and accounts receivable. b Less allowance for bad debts. 3 Inventories. 4 U.S. government obligations 5 Tax-exempt pseurities. 6 Other current assets (attach stmt). See. St. 1. 7 Mortgage and real estate loans. 8 Other investments (attach stmt). See. St. 1. 9 a Buildings and other depreciable assets. 1, 029, 393. 1 bless accumulated depreciation. 1 Land (rel of any amortization). 11 Land (rel of any amortization and the sasts (attach stmt). 12 Interpolite assets (amortization only). 13 Other assets (attach stmt). See. St. 2. 14 Total assets. 15 Accounts payable. 15 Accounts payable in less than 1 year. 16 Mortgage, note, bonds payable in less than 1 year. 17 Other current liabilities and Capital. 18 All nonrecourse loans. 19 Intrages, note, bonds payable in less than 1 year. 10 Other liabilities and capital. 11 Net nonrecourse loans. 2 Incorne included on Schedule K, lines 1, recorded on books this year of lemicals. 2 Incorne included on Schedule K, lines 1, recorded on books this year of lemicals. 3 Garanteed prints (other than health insurance). 4 Expresses recorded on books this year of lemicals. 4 Expresses recorded on books this year of lemicals. 5 Add lines 2 through 130, and fill (femmine). 5 Add lines 1 through 130, and 181 (femmine). 5 Add lines 2 through 130, and 181 (femmine). 5 Add lines 1 through 130, and 181 (femmine). 5 Add lines 2 through 130, and 181 (femmine). 5 Add lines 2 through 130, and 181 (femmine). 5 Add lines 6 and 7. 5 Incorne included on Schedule M-1 (see instructions). 5 Add lines 2 through 130, and 181 (femmine). 5 Add lines 6 lines 1 through 130, and 181 (femmine). 5 Add lines 6 and 7. 5 Description \$ 5 Add lines 6 lines 1 through 130, and 181 (femmine). 5 Add lines 6 lines 1 through 130, and 181 (femmine). 5 Add lines 6 lines 1 through 130, and 181 (femmine). 5 Add lines 6 lines 1 through 130, and 181 (femmine). 5 Add lines 6 lines 1 through 130, and 181 (femmine). 5 Add lines 6 lines 1 through 130, and 181 (femmine). 5 Add lines 6 lines 1 through 130, and 181						(a)	88		(c)		
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9a Buildings and other depreciable assets. b Less accumulated depreciation. 153,828. 875,555. 222,994. 806,399. 10a Depletable assets. b Less accumulated depletion. 11 Land (net of any amortization). 12a Intangible assets (amortizatio enly). b Less accumulated amortization. 13 Other assets (attach stmt). See. St. 2 14 Total assets. Liabilities and Capital 5 Accounts payable in less than 1 year. 15 Mortgages, notes, bonds payable in less than 1 year. 16 Mortgages, notes, bonds payable in lyear or more. 20 Other liabilities (attach stmt). 18 All none-course loans. 19 Mortgages, notes, bonds payable in lyear or more. 20 Total liabilities (attach stmt). 21 Partners' capital accounts. 22 Total liabilities (attach stmt). 23 Note capital accounts. 24 Express precorded on books this, year not included on Schedule K, lines 1 through 1 (literalize): 25 Lincome included on Schedule K, lines 1 through 1 (literalize): 26 Depreciation. 3 Guaranted pmts (other than health insurance). 4 Expresses precorded on books this, year not included on Schedule K, lines 1 through 1 (literalize): 2 Total liabilities and capital. 3 Guaranted pmts (other than health insurance). 4 Expresses precorded on books this, year not included on Schedule K, lines 1 through 1 (literalize): 2 Depreciation. 5 Description. 5 Add lines 1 through 4. 62,574. 6 Distributions: a Cash 2 Schedule M-2 Analysis of Partners' Capital Accounts 1 Balance at beginning of year. 2 Capital contributed: a Cash. 4 Depreciation. 5 Property. 3 Net income (loss) per books. 62,574. 6 Distributions: a Cash 62,574. 7 Other decreases (itemize): 8 Add lines 6 and 7. 9 Other decreases (itemize): 8 Add lines 6 and 7. 9 Other decreases (itemize):					000000000000000000000000000000000000000		₩—				
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10 a Depletable assets b Less accumulated depletion 11 Land (net of any amortization) 115, 387. 115, 387. 115, 387. 12 a Intangible assets (amortization only) b Less accumulated amortization 13 Other assets (attach strift) See. St. 2 1, 192, 859. 1, 301, 666. 1, 30		_	•					875 565			806 300
b Less accumulated depletion. 11 Land (net of any amortization). 12 Intanquise assets (amustable only). b Less accumulated amortization. 13 Other assets (astach strirt). See. St. 2 14 Total assets. 15 Accounts payable. 15 Accounts payable inless than 1 year. 16 Mortgages, notes, bonds payable inless than 1 year. 17 Other current liabilities (attach strirt). 18 All nonrecourse loans. 19 Mortgages, notes, bonds payable in 1 year or more. 20 Other liabilities (attach strirt). See. St. 3. 21 Partners' capital accounts. 22 Total liabilities and capital. 21 Total liabilities and capital. 22 Total liabilities and capital. 33, 0, 76204, 261. 23 Total liabilities and capital. 24 Net income (loss) per books. 25 Income included on Schedule M-3 may be required instead of Schedule M-1 (see instructions). 26 Income included on Schedule M-3 may be required instead of Schedule M-1 (see instructions). 3 Guaranted prits (other than health insurance). 4 Eugenses recorded on books this year, (itemize): 4 Eugenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize): 4 Eugenses recorded on books this year not probled on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize): 5 Add lines 1 through 4. 5 Add lines 1 through 3d, and 16l (itemize): 5 Add lines 1 through 4. 6 Eugenses recorded on books this year not probled on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize): 5 Add lines 1 through 4. 7 Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize): 6 Depreciation \$ 8 Add lines 6 and 7. 9 Income (loss), line 1). 9 Income (loss), line 1). 9 Income (loss) per books. 6 Eugenses (itemize): 7 Other decreases (itemize): 8 Add lines 6 and 7. 9 Other increases (itemize): 9 Income (loss) per books. 16 Eugenses (itemize): 9 Income (loss) per books. 16 Eugenses (itemize): 17 Other decreases (itemize): 18 Ad			•			133,020	•	073,303.		2, 334.	000,399.
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181,000							_				
Total assets					*************		**				181,000
Schedule M-1 Schedule K, lines 1 through 13d, and 16l (Itemize): A glaranted pmts (other than health insurance) A glaranted pmt					E0000000000000000000000000000000000000		\blacksquare	1,192,859.			
15 Accounts payable											2/002/000.
16 Mortgages, notes, bonds payable in less than 1 year. 17 Other current liabilities (attach stmt). 18 All nonrecourse loans. 20 Other liabilities (attach stmt). 20 Other liabilities (attach stmt). 21 Partners' capital accounts. 22 Total liabilities and capital. 23 Total liabilities and capital. 25 Chedule M-1 Reconciliation of income (Loss) per Books With Income (Loss) per Return Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions). 1 Net income (loss) per books. 2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): 3 Guaranteed pmts (other than health insurance). 4 Expenses recorded on books this year (itemize): 3 Guaranteed pmts (other than health insurance). 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize): a Depreciation. 5 b Trovel and entertainment. 5	15		-								312,305.
17 Other current liabilities (attach stmt). 18 All nonrecourse loans. 19 Mortgages, notes, bonds payable in 1 year or more		-	-		D0000000000000000000000000000000000000			1,196,533.			
18 All nonrecourse loans 19 Mortgages, notes, bonds payable in 1 year or more. 20 Other liabilities (attach stmt)				-	000000000000000000000000000000000000000						
19 Mortgages, notes, bonds payable in 1 year or more 20 Other liabilities (attach stmt)					888888888888888		▓╆				
20 Other liabilities (attach stmt)					900000000000000000000000000000000000000		<u> </u>				
21 Partners' capital accounts	20				000000000000000000000000000000000000000			33,076.			
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Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return Note. Schedule M-3 may be required instead of Schedule M-1 (see instructions). 1 Net income (loss) per books. 62,574. 6 Income recorded on books this year not included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year.(Itemize): 3 Guaranteed pmts (other than health insurance). 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (Itemize): a Depreciation \$ Deductions included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (Itemize): a Depreciation \$ Depreciation \$ Add lines 6 and 7. 9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5. 62, 574. 9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5. 62, 574. 9 Income (loss) (Partners' Capital Accounts 1 Balance at beginning of year36, 750. 6 Distributions: a Cash b Property 5 Other decreases (Itemize): 3 Net income (loss) per Return (Ices) inched on Schedule M-1 (see instructions).	22		-		E0000000000000000000000000000000000000				1		
1 Net income (loss) per books			1 Reconciliatio	n of Incor	ne (Los	s) per Boo	ks V	Vith Income (Los	s) per Re	turn	
Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year. (iternize): 3 Guaranteed pmts (other than health insurance)		No.			y be re						
2, 3c, 5, 6a, 7, 8, 9a, 10, and 11, not recorded on books this year (itemize): 3 Guaranteed pmts (other than health insurance)	1					62,574.	6	Income recorded on included on Schedule	books this y e K lines 1 t	ear not	
3 Guaranteed pmts (other than health insurance) 4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l, not charged against book income this year (itemize): a Depreciation \$ b Travel and entertainment \$ 5 Add lines 1 through 4 62, 574 . Schedule M-2 Analysis of Partners' Capital Accounts 1 Balance at beginning of year36, 750 . 2 Capital contributed: a Cash b Property 5 b Property 5 Capital contributed: a Cash b Property 5 4 Other increases (itemize): 8 Add lines 6 and 7 5 Capital contributed: a Cash b Property 5 Add lines 6 and 7 5 Capital contributed: a Cash 5 B Property 5 Add lines 6 and 7 5 Capital contributed: a Cash 5 B Property 5 Add lines 6 and 7 5 Capital contributed: a Cash 5 B Property 5 Add lines 6 and 7 230, 085	2	2, 3c, 5, 6	a, 7, 8, 9a, 10, and 1	1, not				11 (itemize):			
3 Guaranteed pmts (other than health insurance)		recorded o	on books this year (ite	emize):			а	Tax-exempt interest \$	5		_
Schedule M. 2 Analysis of Partners' Capital Accounts 13d, and 16l, not charged against book income this year (itemize): a Depreciation \$ b Travel and entertainment \$ 5 Add lines 1 through 4 62, 574 . Schedule M. 2 Analysis of Partners' Capital Accounts 1 Balance at beginning of year36, 750 . 2 Capital contributed: a Cash b Property b Property 5 3 Net income (loss) per books 62, 574 4 Other increases (itemize): 8 Add lines 6 and 7 9 Income (loss) (Analysis of Net Income (Loss), line 1). Subtract line 8 from line 5 62, 574 62, 574 65 2 Capital contributed: a Cash b Property 7 Other decreases (itemize): 8 Add lines 6 and 7 230, 085											ļ
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a Depreciation								13d, and 16l, not charged	against book in	come this	
a Depreciation \$ b Travel and entertainment \$	•	on Schedule	K, lines 1 through 13d, and	d 161			а		3		
b Travel and entertainment		Depreciation	Ś				u				
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5 Add lines 1 through 4. 62,574. Subtract line 8 from line 5. 62,574 Schedule M-2 Analysis of Partners' Capital Accounts 1 Balance at beginning of year. -36,750. 6 Distributions: a Cash. 230,085 2 Capital contributed: a Cash. b Property. 7 Other decreases (itemize): 3 Net income (loss) per books. 62,574. 4 Other increases (itemize): 8 Add lines 6 and 7. 230,085		entertainmen	t \$				8	Add lines 6 and 7			
5 Add lines 1 through 4. 62,574. Subtract line 8 from line 5. 62,574 Schedule M-2 Analysis of Partners' Capital Accounts 1 Balance at beginning of year. -36,750. 6 Distributions: a Cash. 230,085 2 Capital contributed: a Cash. b Property. 7 Other decreases (itemize): 3 Net income (loss) per books. 62,574. 4 Other increases (itemize): 8 Add lines 6 and 7. 230,085	_					60 75	9	Income (loss) (Analysis of	f Net Income (L	oss), line 1).	
1 Balance at beginning of year					Name II. I			Subtract line 8 from line 5	5 <u></u> . <i></i>		62,574
2 Capital contributed: a Cash b Property 7 Other decreases (itemize): 3 Net income (loss) per books 4 Other increases (itemize): 8 Add lines 6 and 7								Dieleiha Hanna - O			020 005
b Property						-30, /5U.	ь				
3 Net income (loss) per books	2	Сарнаг со					7				
4 Other increases (itemize): 8 Add lines 6 and 7	3	Net incom				62,574	′				
		Other increa	ses (itemize):								
5 Add lines 1 through 4						_	8				230,085
	5	Add lines	1 through 4			25,824.	9	Balance at end of year. S	ubtract line 8 fr	om line 5	-204,261

Rental Real Estate Income and Expenses of a Partnership or an S Corporation

► See instructions.
► Attach to Form 1065, Form 1065-B, or Form 1120S.

OMB No. 1545-1186

Department of the Treasury Internal Revenue Service Employer identification number East York LLC Show the kind and location of each property. See page 2 to list additional properties. Commercial Real Estate (Budget) Clinton St Mobile Home Court 3939 Clinton **Properties** С D Rental Real Estate Income В 149,684. 2 Gross rents..... 2 54,450. Rental Real Estate Expenses **3** Advertising..... 3 4 Auto and travel 4 5 **6** Commissions..... 6 450 7 8 Legal and other professional fees..... 9,150. 33,001 47,121. 9 11,061. 10 11 3,212. 11 Taxes..... 41,056. 18,753. 13 Wages and salaries 13 8,621 60,545. 14 Depreciation (see instructions)...... 15 Other (list) ► 19,856. 310. See Statement 4 15 16 Total expenses for each property. Add lines 3 through 15..... 41,932 16 17 204,134 18 Total expenses. Add total expenses from line 16, columns A through H...... -253.136Net gain (loss) from Form 4797, Part II, line 17, from the disposition of property from rental real estate activities. 19 20 a Net income (loss) from rental real estate activities from partnerships, estates, and trusts in which this partnership or S corporation is a partner or beneficiary (from Schedule K-1)..... 20 a **b** Identify below the partnerships, estates, or trusts from which net income (loss) is shown on line 20a. Attach a schedule if more space is needed: (1) Name (2) Employer identification number 21 Net rental real estate income (loss). Combine lines 17 through 20a. Enter the result here and on: 21 -49.002• Form 1065 or 1120S: Schedule K, line 2, or

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 1065-B: Part I, line 4

Form 8825 (12-2006)

Schedule D (Form 1065)

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Capital Gains and Losses

OMB No. 1545-0099

Employer identification number

Department of the Treasury Internal Revenue Service

► Attach to Form 1065.

East York LLC Short-Term Capital Gains and Losses – Assets Held One Year or Less (c) Date sold (d) Sales price (e) Cost or other basis (f) Gain or (loss) (b) Date acquired (a) Description of property (Example: 100 shares of 'Z' Co) (month, day, year) (month, day, year) (see instructions) (see instructions) Subtract (e) from (d) 2 2 Short-term capital gain from installment sales from Form 6252, line 26 or 37...... 3 Short-term capital gain (loss) from like-kind exchanges from Form 8824 3 Partnership's share of net short-term capital gain (loss), including specially allocated short-term capital gains (losses), from other partnerships, estates, and trusts..... Net short-term capital gain or (loss). Combine lines 1 through 4 in column (f). Enter here and on Form 1065, Schedule K, line 8 or 11 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II (e) Cost or other basis (a) Description of property (b) Date acquired (c) Date sold (d) Sales price (f) Gain or (loss) (Example: 100 shares of 'Z' Co) (month, day, year) (month, day, year) (see instructions) (see instructions) Subtract (e) from (d) 7 112,015. 7 Long-term capital gain from installment sales from Form 6252, line 26 or 37..... 8 8 Long-term capital gain (loss) from like-kind exchanges from Form 8824..... Partnership's share of net long-term capital gain (loss), including specially allocated long-term capital gains 9 (losses), from other partnerships, estates, and trusts Capital gain distributions. 10

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Net long-term capital gain or (loss). Combine lines 6 through 10 in column (f). Enter here and on Form 1065, Schedule K, line 9a or 11.

Schedule D (Form 1065) 2007

112,015.

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651107

	2007		inal K-1 Amended K	\- I	OMB No. 1545-0099
Sched Form 1	ule K-1 2007 065) For calendar year 2007, or tax	P	Partner's Share of Deductions, Credi	Cu its,	rrent Year Income, and Other Items
epartmen nternal Re	of the Treasury year beginning, 2007 evenue Service, ending,	1	Ordinary business income (loss) -219.	15	Credits
	er's Share of Income, Deductions,	2 *	Net rental real estate income (loss) -24,501.		
	ts, etc. See separate instructions.	3	Other net rental income (loss)	16	Foreign transactions
Part	Information About the Partnership rtnership's employer identification number	4	Guaranteed payments		
		5	Interest income	<u>-</u>	
в Ра	rtnership's name, address, city, state, and ZIP code	6a	Ordinary dividends		
6	ast York LLC 929 Roemke Rd oodburn, IN 46797	6b	Qualified dividends		
C IR	S Center where partnership filed return incinnati, OH	7	Royalties		
		8	Net short-term capital gain (loss)		
D [Check if this is a publicly traded partnership (PTP)	9 a	Net long-term capital gain (loss) 56, 007.	17	Alternative minimum tax (AMT) items
Par	Information About the Partner	91	Collectibles (28%) gain (loss)		
E Pa	artner's identifying number	90	Unrecaptured section 1250 gain		
F P	artner's name, address, city, state, and ZIP code	10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
{	George Kotsopoulos 5929 Roemke Road Woodburn, IN 46797	11	Other income (loss)		
	General partner or LLC Limited partner or other LLC member	- 			+
н [X Domestic partner Foreign partner			19	Distributions
ı w	/hat type of entity is this partner? <u>Individual</u>	_ 12		<u>A</u>	115,042
JP	artner's share of profit, loss, and capital: Beginning Ending	13	Other deductions	20	Other information
I -	Profit 50 % 50 % oss 50 % 50 %				
-	oss 50 % 50 % Capital 50 % 50 %				
1	Partner's share of liabilities at year end:	14 A		·	
	Qualified nonrecourse financing\$				
F	Recourse\$ 596,811	*	See attached statement for	ado	ditional information.
E (Partner's capital account analysis: -18,375 Beginning capital account \$ -18,375 Capital contributed during the year \$ -18,375 Current year increase (decrease) \$ 31,287				
1	Withdrawals and distributions \$\\ \begin{align*} \b). E			
	X Tax basis GAAP Section 704(b) book Other (explain)	Į,	7		

المناحات	Pa	Partner's Share of Deductions, Cred Ordinary business income (loss) -220. Net rental real estate income (loss) -24,501.	Cu its, a	rrent Year Income, and Other Items
7 1 2 * 3	2	Deductions, Cred Ordinary business income (loss) -220. Net rental real estate income (loss)	its, a	and Other Items
2 *	2 I	-220 . Net rental real estate income (loss)	15	Credits
*	t			
	2	-24,301.		
4		Other net rental income (loss)	16	Foreign transactions
	1	Guaranteed payments		
5	5 1	Interest income		
6	6a	Ordinary dividends		
6	6Ь	Qualified dividends		
_ 7	7	Royalties	L	
8	8	Net short-term capital gain (loss)		
9	9 a	Net long-term capital gain (loss) 56,008.	17	Alternative minimum tax (AMT) ite
	9b	Collectibles (28%) gain (loss)		
	9с	Unrecaptured section 1250 gain		
10	0	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
11	1	Other income (loss)	-	
other	. – .		-	
			19	Distributions
1	12	Section 179 deduction	<u>A</u>	115,04
1	13	Other deductions	20	Other information
50 %				
50 %				
	14 A			
811.	*0	See attached statement for	244	ditional information
	F	300 attached statement for	aut	antional information.
	O R			
	i R			
	50 % 50 % 50 % .811	4 5 6a 6b 7 8 9a 9b 9c 10 11 12 13 50 % 50 % 14 A 7 50 % 14 A 7 50 % 14 A 7 50 % 150 %	4 Guaranteed payments 5 Interest income 6a Ordinary dividends 6b Qualified dividends 7 Royalties 8 Net short-term capital gain (loss) 9a Net long-term capital gain (loss) 56,008. 9b Collectibles (28%) gain (loss) 9c Unrecaptured section 1250 gain 10 Net section 1231 gain (loss) 11 Other income (loss) other 12 Section 179 deduction 13 Other deductions 50 % 14 Self-employment earnings (loss A -220) 811. *See attached statement for R S S S S S S S S S S S S S S S S S S	4 Guaranteed payments 5 Interest income 6a Ordinary dividends 6b Qualified dividends 7 Royalties 8 Net short-term capital gain (loss) 9a Net long-term capital gain (loss) 9b Collectibles (28%) gain (loss) 9c Unrecaptured section 1250 gain 10 Net section 1231 gain (loss) 11 Other income (loss) 12 Section 179 deduction 13 Other deductions 20 14 Self-employment earnings (loss) 15 % 16 % 17 See attached statement for additions 18 *See attached statement for additions 19 % 10 % 11 Self-employment earnings (loss) 12 *See attached statement for additions 13 *See attached statement for additions 14 *See attached statement for additions 15 % 16 % 17 *See attached statement for additions 18 *See attached statement for additions 19 *See attached statement for additions 10 *See attached statement for additions 11 *See attached statement for additions 12 *See attached statement for additions 13 *See attached statement for additions 15 *See attached statement for additions 16 *See attached statement for additions 17 *See attached statement for additions 18 *See attached statement for additions 19 *See attached statement for additions 10 *See attached statement for additions 11 *See attached statement for additions 12 *See attached statement for additions 13 *See attached statement for additions 14 *See attached statement for additions 15 *See attached statement for additions 16 *See attached statement for additions 17 *See attached statement for additions 18 *See attached statement for additions 18 *See attached statement for additions 19 *See attached statement for additions 10 *See attached statement for additions 11 *See attached statement for additions 12 *See attached statement for additions 13 *See attached statement fo

Section 704(b) book

GAAP

X Tax basis
Other (explain)

Schedule K-1 (Form 1065) 2007	
Box 2	

Supplemental Information

Box	2

Rental Real Estate Activities

Property	Gross	Net	Net	Passive	Sec. 1231
Description	Income	Expenses	Income	<u>Nonpass</u>	Total
Commercial Real Estate Mobile Home Court	(Budget) 27,225. 74,842.	20,966. 105,602. Total		Passive Passive	

Partner 2: Christina Kotsopoulos

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Form **6252**

Installment Sale Income

Attach to your tax return.
 Use a separate form for each sale or other disposition of property on the installment method.

OMB No. 1545-0228

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. Identifying number

<u>Eas</u>	t York LLC			
1	Description of property ► Columbia Street			
	Date acquired (month, day, year) ► 12/20/02 bDate sold (month, day, y		9/07	
	Was the property sold to a related party (see instructions) after May 14, 1980? If 'No,' skip line 4		Yes	X No
4	Was the property you sold to a related party a marketable security? If 'Yes,' complete Part III. If 'No complete Part III for the year of sale and the 2 years after the year of sale	• • • • • • • • • • • • • • • • • • • •	Yes	No
Par				
5	Selling price including mortgages and other debts. Do not include interest whether stated or unstate	d 5		445,000.
6	Mortgages, debts, and other liabilities the buyer assumed or took the property subject to (see instructions)			
7		<u>45,000.</u>		
8	Cost or other basis of property sold	35,065.		
9	Depreciation allowed or allowable			
10	Adjusted basis. Subtract line 9 from line 8	35,0 <u>65</u> .	8	
11	Commissions and other expenses of sale	21,119.		
12	Income recapture from Form 4797, Part III (see instructions)			
13	Add lines 10, 11, and 12	13		256,184.
14	Subtract line 13 from line 5. If zero or less, do not complete the rest of this form (see instructions).	14		188,816.
15	If the property described on line 1 above was your main home, enter the amount of your excluded of	jain		
	(see instructions). Otherwise, enter -0-	15		0.
16	Gross profit. Subtract line 15 from line 14			188,816.
17	,			0.
				445,000.
Pa	Installment Sale Income. Complete this part for the year of sale and any year you re you must treat as a payment on installment obligations.	ceive a payment	t or have c	ertain debts
				0.4040
19				0.4243
20	If this is the year of sale, enter the amount from line 17. Otherwise, enter -0			0.
21		_		264,000.
22		22		264,000.
23	Payments received in prior years (see instructions). Do not include interest, whether stated or unstated			
24		24		112,015.
25				
26				112,015.
	It III Related Party Installment Sale Income. Do not complete if you received the fina		x year.	
27				
			-	
28	Did the related party resell or dispose of the property ('second disposition') during this tax year?		. Yes	No
29	If the answer to question 28 is 'Yes,' complete lines 30 through 37 below unless one of the followi Check the box that applies.			_
	a The second disposition was more than 2 years after the first disposition (other than disposition marketable securities). If this box is checked, enter the date of disposition (month, day, year).	s of	▶	
	b The first disposition was a sale or exchange of stock to the issuing corporation.			
	c The second disposition was an involuntary conversion and the threat of conversion occurred a	fter the first disp	osition.	
	d The second disposition occurred after the death of the original seller or buyer.			
	e It can be established to the satisfaction of the Internal Revenue Service that tax avoidance was purpose for either of the dispositions. If this box is checked, attach an explanation (see instruc	s not a principal ctions).		
30	Selling price of property sold by related party (see instructions)		0	
3				
3				
3:				
3	• • • • • • • • • • • • • • • • • • • •			
3	 Multiply line 34 by the gross profit percentage on line 19 for year of first sale Enter the part of line 35 that is ordinary income under the recapture rules (see instructions) 			
	7 Subtract line 36 from line 35. Enter here and on Schedule D or Form 4797 (see instructions)			
_	A For Paperwork Paduction Act Notice see separate instructions			orm 6353 (2007)

York LLC		\$ 195,626	08:3 Ending 5. \$ · 195,62
		\$ 195,626	Ending
		\$ 195,626	5. \$ \ 195,62
		\$ 195,626	5. \$ \ 195,62
		7 1307 010	5. \$ 195,62
		-	Ending 0. \$ 181,0 0. \$ 181,0
			1.
lget) - Clir inton	nton St		
operty A F	roperty B	Property (C Property
310. \$	7,263. 732. 1,222. 362. 5,510.		
310. \$	4,320. 19,856.		
	get) - Clininton	Total Get) - Clinton St inton Sperty A Property B 310. \$ 447. 7,263. 732. 1,222. 362. 5,510. 4,320.	Total \$ Total \$ 33,07 Get) - Clinton St 33,07 Total \$ 33,07 Total \$ Property B Property 310. \$ 447. 7,263. 732. 1,222. 362. 5,510. 4,320.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF INDIANA FORT WAYNE DIVISION

IN THE MATTER OF:

CASE NO.

EAST YORK, LLC

Debtor

AFFIDAVIT IN COMPLIANCE WITH 11 U.S.C. §1116

Comes now East York, LLC, the Debtor herein, and submits this Affidavit in compliance with 11 U.S.C. §1116 and states:

- 1. My name is Christine Kotsopoulos and I am the Managing Member of the Debtor. I am over the age of eighteen (18) years and I have personal knowledge of the matters averred herein.
- 2. No balance sheet, statement of operation, or cash-flow statement has been prepared, and the latest federal tax return was filed for tax year 2007.

FURTHER AFFIANT SAITH NAUGHT.

Date: 3-29-10

Christine Kotsopoulos

I affirm under the penalty of perjury that the foregoing statements are true and correct.

Christine Kotsopoulos

B4 (Official Form 4	n.	(12/07)
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United States Bankruptcy Court Northern District of Indiana

		Northern District of Indiana		
In re	East York, LLC		Case No.	
		Debtor(s)	Chapter	11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

Following is the list of the debtor's creditors holding the 20 largest unsecured claims. The list is prepared in accordance with Fed. R. Bankr. P. 1007(d) for filing in this chapter 11 [or chapter 9] case. The list does not include (1) persons who come within the definition of "insider" set forth in 11 U.S.C. § 101, or (2) secured creditors unless the value of the collateral is such that the unsecured deficiency places the creditor among the holders of the 20 largest unsecured claims. If a minor child is one of the creditors holding the 20 largest unsecured claims, 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)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
Huntington Bank 838 Mill Lake Road Fort Wayne, IN 46845	Huntington Bank 838 Mill Lake Road Fort Wayne, IN 46845	2005 Navigator		26,000.00 (25,000.00 secured)
Lewis CPA Group 6030 East State Blvd. Fort Wayne, IN 46815	Lewis CPA Group 6030 East State Blvd. Fort Wayne, IN 46815			25,165.00
				-
-				
		-		
-				

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(Official Form 4) (12/07) - Cont. n re East York, LLC		Case	e No.	
	Debtor(s)			
LIST	OF CREDITORS HOLDING 20 L (Continuation		URED CLAIMS	
(1)	(2)	(3)	(4)	(5)
lame of creditor and complete nailing address including zip ode	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
	DECLARATION UNDER PE ON BEHALF OF A CORPORA ing Member of the corporation named as the	TION OR PARTN e debtor in this case, dec	ERSHIP	f perjury that I
have read the foregoin	ng list and that it is true and correct to the be	est of my information are	nd belief.	<i></i>
Penalty for making a fa	Manag lse statement or concealing property: Fine 18 U.S.C. §§ 152		aprisonment for up to	5 years or both.

			States Bankruptcy Cou thern District of Indiana	urt			
In re	e East York, LLC			C	ase No.		
			Debtor(s)	_	hapter	11	
	DISCI	LOSURE OF COMPE	NSATION OF ATTORN	NEY F	OR DE	EBTOR(S)	
1.	compensation paid to m	e within one year before the fili	ale 2016(b), I certify that I aming of the petition in bankruptcy, of or in connection with the bankr	or agreed	to be pai	d to me, for serv	d debtor and that ices rendered or to
	For legal services,	I have agreed to accept		\$		6.00 retainer be applied to hourly rates	
	Prior to the filing o	of this statement I have received		\$		4.00 for pre- ion services	
	Balance Due			\$		Hourly rates \$250-\$310/hr partners	
				-		\$185/hr - associates	
2.	The source of the compo	ensation paid to me was:					
	☐ Debtor	Other (specify):					
3.	The source of compensation Debtor	ation to be paid to me is: Other (specify):					
4.	I have not agreed to	share the above-disclosed comp	pensation with any other person un	less they	are mem	bers and associa	tes of my law firm.
			ation with a person or persons who				my law firm. A
5.	In return for the above-	disclosed fee, I have agreed to re	ender legal service for all aspects of	of the ban	kruptcy (case, including:	
	b. Preparation and filingc. Representation of the	g of any petition, schedules, state debtor at the meeting of credit	ering advice to the debtor in deterr tement of affairs and plan which m ors and confirmation hearing, and tor-in-Possession in chapter 11 pro	nay be rec any adjoi	quired;	-	bankruptcy;
6.			the does not include the following so ns against the insiders or affiliates				
			CERTIFICATION		_		
this	I certify that the foregoi bankruptcy proceeding.	ng is a complete statement of ar	ny agreement or arrangement for pa	ayment to	me for r	epresentation of	the debtor(s) in
Date	4/2/10		Dall Ha	Mess			
			Daniel J. Skekloff 1 Skekloff, Adelsperg		aver 11	D	
			927 South Harrison	Street	even, Li	-F	
			Fort Wayne, IN 468 260/407-7000 Fax:		-7137		
			www.sak-law.com	200/40/	-1 131		

		United States Bankruptcy Court Northern District of Indiana		
In re	East York, LLC	,	Case No	
		Debtor		
			Chapter	11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with Rule 1007(a)(3) for filing in this chapter 11 case.

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest	_
Christine Kotsoloulos 6929 Roemke Road Woodburn, IN 46797	Member	50%		
George Kotsoloupos 6929 Roemke Road Woodburn, IN 46797	Member	50%		

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

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

Date MARCH 29TH 2010

Signature_(

Christine Kotsopoulos Managing Member

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.

18 U.S.C §§ 152 and 3571.

United States Bankruptcy Court Northern District of Indiana						
In re	East York, LLC		Case No.			
		Debtor(s)	Chapter	11		
	VERIFICATION Anaging Member of the corporation named to the best of my knowledge.	ATION OF CREDITOR I		ched list of creditors is true and		
Date:	<u>3-29-10</u>	Christine Kotsopoulos/Managi Signer/Title	mg Member	,		

Pg. 1 of 2

ALLEN COUNTY TREASURER 1 EAST MAIN STREET ROOM 100 FORT WAYNE, IN 46802-1888

BUDGET RENT-A-CAR LEASE 3229 NORTH CLINTON STREET FORT WAYNE, IN 46805

CHRISTINE KOTSOPOULOS 6929 ROEMKE ROAD WOODBURN, IN 46797

GEORGE KOTSOPOULOS 6929 ROEMKE ROAD WOODBURN, IN 46797

HUNTINGTON BANK 838 MILL LAKE ROAD FORT WAYNE, IN 46845

INTERNAL REVENUE SERVICE PO BOX 21126 PHILADELPHIA, PA 19114-0326

LEWIS CPA GROUP 6030 EAST STATE BLVD. FORT WAYNE, IN 46815

MIDWEST AMERICA FEDERAL CREDIT UNION 1104 MEDICAL PARK DRIVE FORT WAYNE, IN 46825

PHILLIP RENZ CARSON BOXBERGER LLP 1400 ONE SUMMIT SQUARE FORT WAYNE, IN 46802

STEPHEN LEWIS 444 EAST MAIN STREET FORT WAYNE, IN 46802

WILLIAM AND DIANE WIEDENHOEFT 16970 GLACIER RIDGE ROAD FORT WAYNE, IN 46845

Pg. 1 of 2

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United States Bankruptcy Court Northern District of Indiana

In re	East York, LLC		Case No.	
		Debtor(s)	Chapter	11
	CORPORATE	OWNERSHIP STATEMENT (R	ULE 7007.1)	ı
or recu (are) c	ant to Federal Rule of Bankruptcy Procusal, the undersigned counsel for <u>East</u> corporation(s), other than the debtor or of the corporation's(s') equity interests,	t York, LLC in the above captioned a governmental unit, that directly or	action, certify or indirectly or	fies that the following is a wn(s) 10% or more of any
■ Nor	ne [Check if applicable]			
Date	1/2/10	Daniel J. Skekloff 146-62 Signature of Attorney or Litigant Counsel for East York, LLC Skekloff, Adelsperger & Kleven, Li 927 South Harrison Street		
		Fort Wayne, IN 46802 260/407-7000 Fax:260/407-7137 www.sak-law.com		