(Official Form	1) (10/05)												
	Eas		ted States istrict of No					sion			Volunt	ary Po	etition
Name of Debtor The Meadow							Name of	Joint Do	ebtor (Sp	oouse) (Last, Fin	rst, Middle):		
All Other Names (include married, DBA Jasmine	maiden, and to	rade name	es):							the Joint Debto and trade nam	or in the last 8 years es):	S	
Last four digits of 35-2173816	f Soc. Sec./Co	mplete EI	N or other Tax II	No. (if	more than one, st	tate all)	Last four	digits o	f Soc. Se	ec./Complete E	IN or other Tax ID	No. (if more	than one, state all)
Street Address of 4200 Jasmin Wilmington, I	ne Cove Wa		ity, and State):				Street Ac	ldress of	f Joint De	ebtor (No. & St	reet, City, and State	e):	
					ZIP Cod 28412	le							ZIP Code
County of Reside New Hanove	er					•	County o	of Reside	ence or o	f the Principal	Place of Business:		
Mailing Address of 117 Village F Leland, NC			om street address	s):			Mailing A	Address	of Joint	Debtor (if diffe	rent from street add	dress):	
Loiana, NO					ZIP Cod 28451	le							ZIP Code
Location of Princ (if different from			Debtor		20401								
Type of Debtor ((Form of Orga	nization)		re of Bu	isiness ble boxes.)		Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box)						
☐ Individual (in		ebtors)	☐ Health Care				☐ Chap	iter 7		apter 11	☐ Chapter 15 Pet		ecognition
■ Corporation (i□ Partnership	includes LLC	and LLP)	☐ Single Asset in 11 U.S.C.			ied					of a Foreign M	ain Procee	ding
☐ Other (If debto			☐ Railroad ☐ Stockbroker				☐ Chapter 9 ☐ Chapter 12 ☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding						
information req	. ,	ide the	☐ Commodity				☐ Chapter 13						
State type of en	itity:		☐ Clearing Bar ☐ Nonprofit O		tion qualified		Nature of Debts (Check one box)						
			under 26 U.S				☐ Cons	umer/No	on-Busin	ess	Business		
		g Fee (Cl	neck one box)				Check or			Chapter 1	1 Debtors		
Full Filing Fe		11	A 12 11 4 2 3		1 > 34				mall busi	ness debtor as	defined in 11 U.S.C	C. § 101(51	D).
	application for	the court	Applicable to ind t's consideration of nents. Rule 1006(ertifyin	g that the del	btor	☐ Debt	or is not	a small	business debtor	as defined in 11 U	J.S.C. § 10	1(51D).
☐ Filing Fee wa	iver requested	(Applical	,	ndividua	als only). Mus	st		or's aggi		ncontingent liq an \$2 million.	uidated debts owed	l to non-in	siders
Statistical/Admin			vailable for distrib		awick H. S			21 ***			THIS SPACE IS	FOR COUR	T USE ONLY
☐ Debtor estima		any exem	pt property is exc					paid, the	re will b	e no funds			
Estimated Numbe													
1- 49	50- 100 99 199		00- 99 5,000	5001- 10,000				50,001- 100,000	OVER 100,00				
		[[
Estimated Assets \$0 to	\$50,001 to	\$100.00	\$500,001	40 ¢	1 000 001 40	\$10.00	00,001 to	\$50,000	0,001 to	More than			
\$50,000 \$100,000 \$500,000 \$1 million \$10 million \$50			\$50	million	\$100 1	million	\$100 million						
Estimated Debts \$0 to	\$50,001 to	\$100,00	1 to \$500,001	to \$	1,000,001 to	\$10.00	00,001 to	\$50.000	0,001 to	More than			
					\$50	million	\$100 1	million	\$100 million				

(Official Form 1) (10/05) FORM B1, Page 2 Name of Debtor(s): Voluntary Petition The Meadows of Wilmington, Inc. (This page must be completed and filed in every case) Prior Bankruptcy Case Filed Within Last 8 Years (If more than one, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Date Filed: Name of Debtor: Case Number: - None -District: Relationship: Judge: Exhibit A Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. and is requesting relief under chapter 11.) I further certify that Î delivered to the debtor the notice required by §342(b) of the Bankruptcy Code. ☐ Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) Date **Certification Concerning Debt Counseling** Exhibit C by Individual/Joint Debtor(s) Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public ☐ I/we have received approved budget and credit counseling during health or safety? the 180-day period preceding the filing of this petition. ☐ Yes, and Exhibit C is attached and made a part of this petition. ☐ I/we request a waiver of the requirement to obtain budget and credit counseling prior to filing based on exigent circumstances. No (Must attach certification describing.) Information Regarding the Debtor (Check the Applicable Boxes) Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Statement by a Debtor Who Resides as a Tenant of Residential Property Check all applicable boxes. Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

(Official Form 1) (10/05) FORM B1, Page 3

Voluntary Petition

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

Signatures

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

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

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

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by \$342(b) of the Bankruptcy Code.

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

 \mathbf{X}

Signature of Debtor

X

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

Date

Signature of Attorney

X /s/ Trawick H. Stubbs, Jr.

Signature of Attorney for Debtor(s)

Trawick H. Stubbs, Jr. 4221

Printed Name of Attorney for Debtor(s)

Stubbs & Perdue, P.A.

Firm Name

PO Box 1654

New Bern, NC 28563

Address

252-633-2700

Telephone Number

September 15, 2006

Date

Signature of Debtor (Corporation/Partnership)

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

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

X /s/ Ronald E. Burrell

Signature of Authorized Individual

Ronald E. Burrell

Printed Name of Authorized Individual

President

Title of Authorized Individual

September 15, 2006

Date

Signature of a Foreign Representative

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

(Check only one box.)

Name of Debtor(s):

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

X

Signature of Foreign Representative

The Meadows of Wilmington, Inc.

Printed Name of Foreign Representative

Date

Signature of Non-Attorney Bankruptcy Petition Preparer

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

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

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

Address

4 L

Date

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

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

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

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

Form 4 (10/05)

United States Bankruptcy Court Eastern District of North Carolina-Wilson Division

In re	The Meadows of Wilmington, Inc.	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, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

(1)	(2)	(3)	(4)	(5)
Name of creditor and complete mailing address including zip code	Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted	Nature of claim (trade debt, bank loan, government contract, etc.)	Indicate if claim is contingent, unliquidated, disputed, or subject to setoff	Amount of claim [if secured, also state value of security]
NC Dept. of Revenue ATTN: Managing Agent PO Box 25000 Raleigh, NC 27640	NC Dept. of Revenue ATTN: Managing Agent PO Box 25000 Raleigh, NC 27640	Withholding		33,457.85
IFH Attn: Managing Agent PO Box 1368 Hickory, NC 28603-1368	IFH Attn: Managing Agent PO Box 1368 Hickory, NC 28603-1368	Trade Debt		4,291.99
Ecolab Attn: Managing Agent PO Box 905327 Charlotte, NC 28290	Ecolab Attn: Managing Agent PO Box 905327 Charlotte, NC 28290	Trade Debt		1,588.09
Carroll Roofing Company Attn: Managing Agent 549 Dynamic Drive Garner, NC 27529	Carroll Roofing Company Attn: Managing Agent 549 Dynamic Drive Garner, NC 27529	Trade Debt		1,585.00
A-1 Safe & Lock Attn: Managing Agent 2642 Carolina Beach Rd Wilmington, NC 28412	A-1 Safe & Lock Attn: Managing Agent 2642 Carolina Beach Rd Wilmington, NC 28412	Trade Debt		932.87
Grove Medical Attn: Managing Agent 1089 Park West Blvd Greenville, SC 29611	Grove Medical Attn: Managing Agent 1089 Park West Blvd Greenville, SC 29611	Trade Debt		630.15
Coastal Document Systems Attn: Managing Agent 3926 Market St Suite 205 Wilmington, NC 28403	Coastal Document Systems Attn: Managing Agent 3926 Market St Suite 205 Wilmington, NC 28403	Trade Debt		509.65
New Hanover Co Fire Svc Attn: Managing Agent 230 Market Place Dr #130 Wilmington, NC 28403	New Hanover Co Fire Svc Attn: Managing Agent 230 Market Place Dr #130 Wilmington, NC 28403	Trade Debt		45.00
Internal Revenue Service PO Box 21126 Philadelphia, PA 19114	Internal Revenue Service PO Box 21126 Philadelphia, PA 19114	Withholding		Unknown

LIST O	OF CREDITORS HOLDING 20 LA (Continuation		URED CLAIMS	
(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]
	DECLARATION UNDER PER ON BEHALF OF A CORPORATION OF A COR	TION OR PARTN	ERSHIP	1
	t of the corporation named as the debtor in and that it is true and correct to the best of n			aat I have
Date September 15, 2006		ld E. Burrell E. Burrell nt		
Penalty for making a fals	te statement or concealing property: Fine of 18 U.S.C. §§ 152	of up to \$500,000 or im and 3571.	prisonment for up to	5 years or both.

Debtor(s)

Case No.

In re The Meadows of Wilmington, Inc.

United States Bankruptcy Court Eastern District of North Carolina-Wilson Division

Case No.

		Debtor(s)	Chapter					
VERIFICATION OF CREDITOR MATRIX								
I, the Pre	I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to							
the best	of my knowledge.							
ъ.	Contambas 45, 2000	/a/ Danald C. Duwall						
Date:	September 15, 2006	/s/ Ronald E. Burrell Ronald E. Burrell/President						
		Signer/Title						

In re The Meadows of Wilmington, Inc.

THE MEADOWS OF WILMINGTON, INC. TRAWICK H. STUBBS, JR. 117 VILLAGE ROAD NE SUITE C LELAND, NC 28451

STUBBS & PERDUE, P.A. PO BOX 1654 NEW BERN, NC 28563

SECRETARY OF TREASURY ATTN: MANAGING AGENT 1500 PENNSYLVANIA AVE NW WASHINGTON, DC 20220

BRANCH OF REORGANIZATION ATTN: MANAGING AGENT 3475 LENOX ROAD NE #1000 ATLANTA, GA 30326

INTERNAL REVENUE SERVICE PO BOX 21126 PHILADELPHIA, PA 19114

EMPLOYMENT SECURITY COM. ATTN: MANAGING AGENT PO BOX 25903 RALEIGH, NC 27611

NC DEPT. OF REVENUE ATTN: MANAGING AGENT PO BOX 25000 RALEIGH, NC 27640

UNITED STATES ATTORNEY 310 NEW BERN AVENUE FEDERAL BLDG SUITE 800 RALEIGH, NC 27601-1461

A-1 SAFE & LOCK ATTN: MANAGING AGENT 2642 CAROLINA BEACH RD WILMINGTON, NC 28412

CARROLL ROOFING COMPANY ATTN: MANAGING AGENT 549 DYNAMIC DRIVE GARNER, NC 27529

COASTAL DOCUMENT SYSTEMS ATTN: MANAGING AGENT 3926 MARKET ST SUITE 205 WILMINGTON, NC 28403

ECOLAB ATTN: MANAGING AGENT PO BOX 905327 CHARLOTTE, NC 28290

GROVE MEDICAL ATTN: MANAGING AGENT 1089 PARK WEST BLVD GREENVILLE, SC 29611

IFH ATTN: MANAGING AGENT PO BOX 1368 HICKORY, NC 28603-1368

NEW HANOVER CO FIRE SVC ATTN: MANAGING AGENT 230 MARKET PLACE DR #130 WILMINGTON, NC 28403