

B1 (Official Form 1)(4/10)

**United States Bankruptcy Court
Eastern District of North Carolina**

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle): Smithville Crossing, LLC	Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):	All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) 77-0662922	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)
Street Address of Debtor (No. and Street, City, and State): 1513-1517 Howe Street Southport, NC <div style="text-align: right; font-size: small;">ZIP Code 28461</div>	Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right; font-size: small;">ZIP Code</div>
County of Residence or of the Principal Place of Business: Brunswick	County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): 1327 Live Oak Parkway Wilmington, NC <div style="text-align: right; font-size: small;">ZIP Code 28403</div>	Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right; font-size: small;">ZIP Code</div>
Location of Principal Assets of Business Debtor (if different from street address above):	

Type of Debtor (Form of Organization) (Check one box) <input type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input checked="" type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	Nature of Business (Check one box) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101 (51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other <hr/> Tax-Exempt Entity (Check box, if applicable) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).	Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box) <input type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input checked="" type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding <hr/> Nature of Debts (Check one box) <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." <input checked="" type="checkbox"/> Debts are primarily business debts.
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Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.	Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input checked="" type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,343,300 (amount subject to adjustment on 4/01/13 and every three years thereafter). Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
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Statistical/Administrative Information <input checked="" type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.	THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> OVER 100,000	
Estimated Assets <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input checked="" type="checkbox"/> \$1,000,001 to \$10 million <input type="checkbox"/> \$10,000,001 to \$50 million <input type="checkbox"/> \$50,000,001 to \$100 million <input type="checkbox"/> \$100,000,001 to \$500 million <input type="checkbox"/> \$500,000,001 to \$1 billion <input type="checkbox"/> More than \$1 billion	

Voluntary Petition <i>(This page must be completed and filed in every case)</i>	Name of Debtor(s): Smithville Crossing, LLC
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All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet)

Location Where Filed: - None -	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:

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

Name of Debtor: - None -	Case Number:	Date Filed:
District:	Relationship:	Judge:

<p style="text-align: center;">Exhibit A</p> <p>(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)</p> <p><input type="checkbox"/> Exhibit A is attached and made a part of this petition.</p>	<p style="text-align: center;">Exhibit B</p> <p>(To be completed if debtor is an individual whose debts are primarily consumer debts.)</p> <p>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).</p> <p>X _____ Signature of Attorney for Debtor(s) (Date)</p>
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Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

Yes, and Exhibit C is attached and made a part of this petition.

No.

Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.

Information Regarding the Debtor - Venue

(Check any applicable box)

Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Certification by a Debtor Who Resides as a Tenant of Residential Property

(Check all applicable boxes)

Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

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

<p>Voluntary Petition</p> <p><i>(This page must be completed and filed in every case)</i></p>	<p>Name of Debtor(s): Smithville Crossing, LLC</p>
Signatures	
<p style="text-align: center;">Signature(s) of Debtor(s) (Individual/Joint)</p> <p>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).</p> <p>I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Debtor</p> <p>X _____ Signature of Joint Debtor</p> <p>_____ Telephone Number (If not represented by attorney)</p> <p>_____ Date</p>	<p style="text-align: center;">Signature of a Foreign Representative</p> <p>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.</p> <p>(Check only one box.)</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p>X _____ Signature of Foreign Representative</p> <p>_____ Printed Name of Foreign Representative</p> <p>_____ Date</p>
<p style="text-align: center;">Signature of Attorney*</p> <p>X <u>/s/ George Mason Oliver</u> Signature of Attorney for Debtor(s)</p> <p><u>George Mason Oliver 26587</u> Printed Name of Attorney for Debtor(s)</p> <p><u>Oliver and Friesen, PLLC</u> Firm Name</p> <p><u>PO Box 1548</u> <u>New Bern, NC 28563</u></p> <p>_____ Address</p> <p><u>252-633-1930 Fax: 252-633-1950</u> Telephone Number</p> <p><u>April 1, 2011</u> Date</p> <p><small>*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.</small></p>	<p style="text-align: center;">Signature of Non-Attorney Bankruptcy Petition Preparer</p> <p>I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer</p> <p>_____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)</p> <p>_____ Address</p> <p>X _____ Date</p> <p>Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.</p> <p>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:</p> <p>_____ If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.</p> <p><i>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.</i></p>
<p style="text-align: center;">Signature of Debtor (Corporation/Partnership)</p> <p>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.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Glenn Richardson, Jr.</u> Signature of Authorized Individual</p> <p><u>Glenn Richardson, Jr.</u> Printed Name of Authorized Individual</p> <p><u>Member</u> Title of Authorized Individual</p> <p><u>April 1, 2011</u> Date</p>	

B4 (Official Form 4) (12/07)

United States Bankruptcy Court
Eastern District of North Carolina

In re Smithville Crossing, LLC

Debtor(s)

Case No. _____

Chapter 11

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS

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

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
BB&T Attn: Jack Hayes PO Box 1847 Wilson, NC 27894	BB&T Attn: Jack Hayes PO Box 1847 Wilson, NC 27894	Commerical building located at 1513-1517 Howe Street, Southport, NC 28461		1,554,071.80 (1,900,000.00 secured) (4,630,679.29 senior lien)
BB&T Attn: Jack Hayes PO Box 1847 Wilson, NC 27894	BB&T Attn: Jack Hayes PO Box 1847 Wilson, NC 27894	Commerical building located at 1513-1517 Howe Street, Southport, NC 28461		150,761.03 (1,900,000.00 secured) (6,184,751.09 senior lien)
Brunswick Co. Tax Collector Attn: Manager or Agent PO Box 29 Bolivia, NC 28422-0029	Brunswick Co. Tax Collector Attn: Manager or Agent PO Box 29 Bolivia, NC 28422-0029			20,212.65
City of Southport Attn: Manager or Agent 201 E Moore Street Southport, NC 28461	City of Southport Attn: Manager or Agent 201 E Moore Street Southport, NC 28461			8,647.43
Elwood Howard Electrical Attn: Manager or Agent 5334 Old Shallotte Rd NW Shallotte, NC 28470	Elwood Howard Electrical Attn: Manager or Agent 5334 Old Shallotte Rd NW Shallotte, NC 28470			11,215.00
Fullwood Concrete Services Attn: Manager or Agent PO Box 565 Shallotte, NC 28459	Fullwood Concrete Services Attn: Manager or Agent PO Box 565 Shallotte, NC 28459			21,186.00
Mansfield Sales & Service Attn: Manager or Agent 5215 East Oak Island Drive Oak Island, NC 28465	Mansfield Sales & Service Attn: Manager or Agent 5215 East Oak Island Drive Oak Island, NC 28465			1,972.68
Rialto Real Estate Fund Attn: Manager or Agent 6302 East MLK Blvd Ste300 Tampa, FL 33619	Rialto Real Estate Fund Attn: Manager or Agent 6302 East MLK Blvd Ste300 Tampa, FL 33619	Commerical building located at 1513-1517 Howe Street, Southport, NC 28461		4,630,679.29 (1,900,000.00 secured)

B4 (Official Form 4) (12/07) - Cont.
 In re **Smithville Crossing, LLC**

Case No. _____

Debtor(s)

LIST OF CREDITORS HOLDING 20 LARGEST UNSECURED CLAIMS
 (Continuation Sheet)

(1)	(2)	(3)	(4)	(5)
<i>Name of creditor and complete mailing address including zip code</i>	<i>Name, telephone number and complete mailing address, including zip code, of employee, agent, or department of creditor familiar with claim who may be contacted</i>	<i>Nature of claim (trade debt, bank loan, government contract, etc.)</i>	<i>Indicate if claim is contingent, unliquidated, disputed, or subject to setoff</i>	<i>Amount of claim [if secured, also state value of security]</i>
Wildwood Landscape Attn: Manager or Agent 4846 Southport Supply Rd Southport, NC 28461	Wildwood Landscape Attn: Manager or Agent 4846 Southport Supply Rd Southport, NC 28461			1,600.00

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

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

Date **April 1, 2011** _____

Signature **/s/ Glenn Richardson, Jr.** _____
Glenn Richardson, Jr.
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
Eastern District of North Carolina**

In re Smithville Crossing, LLC

Debtor(s)

Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Member 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.

Date: April 1, 2011

/s/ Glenn Richardson, Jr.

Glenn Richardson, Jr./Member

Signer/Title

SMITHVILLE CROSSING, LLC
1327 LIVE OAK PARKWAY
WILMINGTON, NC 28403

GEORGE MASON OLIVER
OLIVER AND FRIESEN, PLLC
PO BOX 1548
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 RD NE#1000
ATLANTA, GA 30326

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

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

BB&T
ATTN: JACK HAYES
PO BOX 1847
WILSON, NC 27894

MARK & KATHLEEN BERMUDEZ
1513-8 N HOWE STREET
SOUTHPORT, NC 28461

BRUNSWICK C. SENIOR CENTER
ATTN: MANAGER OR AGENT
1513-1 N HOWE STREET
SOUTHPORT, NC 28461

BRUNSWICK CO. TAX COLLECTO
ATTN: MANAGER OR AGENT
PO BOX 29
BOLIVIA, NC 28422-0029

CITY OF SOUTHPORT
ATTN: MANAGER OR AGENT
201 E MOORE STREET
SOUTHPORT, NC 28461

DIVINE DESIGNS
ATTN: MANAGER OR AGENT
1513-13 N HOWE STREET
SOUTHPORT, NC 28461

DMS COASTAL PROPERTIES, LL
ATTN: MANAGER OR AGENT
1513-8 N HOWE STREET
SOUTHPORT, NC 28461

ELWOOD HOWARD ELECTRICAL
ATTN: MANAGER OR AGENT
5334 OLD SHALLOTTE RD NW
SHALLOTTE, NC 28470

FULLWOOD CONCRETE SERVICES
ATTN: MANAGER OR AGENT
PO BOX 565
SHALLOTTE, NC 28459

J AUTHOR DOSHER MEMORIAL
ATTN: MANAGER OR AGENT
932 N HOWE STREET
SOUTHPORT, NC 28461-3099

K&R INTERNET CAFE
ATTN: MANAGER OR AGENT
4718 WEST TRACE
SOUTHPORT, NC 28461

K&R INTERNET CAFE
ATTN: MANAGER OR AGENT
1517-6 N HOWE STREET
SOUTHPORT, NC 28461

KLW, LLC
ATTN: MANAGER OR AGENT
1513-14 N HOWE STREET
SOUTHPORT, NC 28461

MANSFIELD SALES & SERVICE
ATTN: MANAGER OR AGENT
5215 EAST OAK ISLAND DRIVE
OAK ISLAND, NC 28465

NOVANT HEALTH, INC.
C/O BETSY J. WALSH
PO BOX 33549
CHARLOTTE, NC 28233

NOVANT MEDICAL GROUP, INC.
ATTN: MANAGER OR AGENT
2085 FRONTIS PLAZA BLVD
WINSTON SALEM, NC 27103

RIALTO REAL ESTATE FUND
ATTN: MANAGER OR AGENT
6302 EAST MLK BLVD STE300
TAMPA, FL 33619

GLENN & TANINA RICHARDSON
1327 LIVE OAK PARKWAY
WILMINGTON, NC 28403

GLENN RICHARDSON, JR.
1327 LIVE OAK PARKWAY
WILMINGTON, NC 28403

CATHY M. RUDISILL
ATTY RIALTO CAPITAL
4140 PARKLAKE AVE
RALEIGH, NC 27612

BARTON L. SCHNEYER, MD
1517-12 N HOWE STREET
SOUTHPORT, NC 28461

TOTAL RENAL CARE, INC.
ATTN: MANAGER OR AGENT
601 HAWAII STREET
EL SEGUNDO, CA 90245

WILDWOOD LANDSCAPE
ATTN: MANAGER OR AGENT
4846 SOUTHPORT SUPPLY RD
SOUTHPORT, NC 28461