UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA MIAMI DIVISION

| IN RE: | CASE NO. 14-29781-BKC-LMI | | | |
|------------------------|---------------------------|--|--|--|
| SAM G. DICKSON et al., | CHAPTER 11 | | | |
| Debtors. | | | | |

DEBTOR HICKORY HILL 1185, LLC'S POST-CONFIRMATION QUARTERLY OPERATING REPORT FOR THE PERIOD FROM OCTOBER 1, 2018 THROUGH DECEMBER 31, 2018

COMES NOW HICKORY HILL 1185, LLC, by and through its undersigned counsel, and files its *Post-Confirmation Quarterly Operating Report* in accordance with the Guidelines established by the United States Trustee and FRBP 2015.

s/Michael D. Seese

Michael D. Seese Florida Bar No. 997323 SEESE, P.A. 101 NE 3rd Avenue Suite 410 Ft. Lauderdale, FL 33301 Telephone: 954-745-5897 mseese@seeselaw.com

Attorneys for Debtor

MONTHLY OPERATING REPORT -POST CONFIRMATION

ATTACHMENT NO. 1

| × | QUESTIONNAIRE | | |
|----|--|------|----|
| | | YES* | NO |
| 1. | Have any assets been sold or transferred outside the normal course of business, or outside the Plan of Reorganization during this reporting period? | | V |
| 2_ | Are any post-confirmation sales or payroll taxes past due? | | 1 |
| i. | Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent? | | V |
| 1. | Is the Debtor current on all post-confirmation plan payments? | | V |
| | | | 1 |

Alf the answer to any of the above questions is "YES," provide a detailed explanation of each item on a separate sheet.

| | INSURANCE INFORMATION | | |
|----|--|-----|-----------------|
| | | YES | NO ⁴ |
| ١. | Are real and personal property, vehicle/auto, general liability, fire, theft, worker's | | |
| | compensation, and other necessary insurance coverages in effect? | | |
| 2_ | Are all premium payments current? | | |

^{*}If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

| CONFIRMATION | OF INSURANCE | | |
|--|--------------------|---------------------------------|-----------------------|
| TYPE of POLICY and CARRIER | Period of Coverage | Payment Amount and Frequency | Delinquency Amount |
| Property + 1 rep. 1. ty Nest Roll De 60. | 8-31-2014- | 5 000 | -B- |
| | 3-31-2020 | Lub | |
| Andomobile WIAA | 19-6-2018 | 1,200 | 70- |
| | 10-6-2019 | creeds | |

| | PERCEIPE | I IIIIII DEVELOI III | ENTS, EVENTS, AND MATTER | | . OMINO I EMOS. | |
|-----------|-----------------------|-----------------------|---------------------------------------|----|-----------------|--|
| | a ii | | | | | |
| | | | | | | |
| | | | # # # # # # # # # # # # # # # # # # # | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Estimated | Date of Filing the Ap | plication for Final I | Decree: April 20 | 21 | | |

I declare under penalty of perjury that this statement and the accompanying documents and reports are true and correct to the best of my knowledge and halfol

This 3 m day of Extende 20 19

Debtor's Signature

535.87

535.87

MONTHLY OPERATING REPORT - POST CONFIRMATION

1. CASH (End of Period)

ATTACHMENT NO. 2

CHAPTER 11 POST-CONFIRMATION SCHEDULE OF RECEIPTS AND DISBURSEMENTS

| | | | 7 | | | |
|----|--------------------|--|-----------|--|------|-------------------------|
| Ca | se Name: | | _ | | | |
| Ca | se Numbe | n _ 14-29781-040-Lm2 | | | | |
| Da | te of Plan | Confirmation: | 7 | | | 16 |
| | garanta mana dan d | • | 1 | | | |
| | | All items must be answered. Any which do | not apply | should be answered " | none | " or "N/A". |
| | | | | | | |
| | | | | Quarterly | 7 | Post Confirmation Total |
| 1. | CASH | (Beginning of Period) | S | 879.73 | \$ | 2,346,00 |
| 2. | INCOM | AE or RECEIPTS during the Period | S | 25392,97 | S | 438,753,96 |
| 3 | DISBU | RSEMENTS | | | | |
| - | | erating Expenses (Fees/Taxes): | | | | |
| | (i) | U.S. Trustee Quarterly Fees | S | 1,950- | S | 3,975 |
| | (ii) | Federal Taxes | | | | |
| | | State Taxes | | | 1 | |
| | (iv) | Other Taxes | - | | + | |
| | b. All | Other Operating Expenses: | s | 4,887,24 | 5 | 538'272'78 |
| | . Di- | n Payments: | | | | |
| | c. Pla | Administrative Claims | 5 | | Is | |
| | (ii) | Class One | | The state of the s | ۲ | |
| | (iii) | Class Two | | 14 TO A STATE OF THE STATE OF T | | |
| | (iv) | Class Three | | | | |
| | (v) | Class Four | | | 1_ | |
| | | (Attach additional pages as needed) | 1 | 18,899.59 | 1 | 197,287.46 |
| | Total D | isbursements (Operating & Plan) | \$ | 25,736.83 | 3 | 440,564.09 |

MONTHLY OPERATING REPORT -POST CONFIRMATION

ATTACHMENT NO. 3

CHAPTER 11 POST-CONFIRMATION BANK ACCOUNT RECONCILIATIONS

Prepare Reconcilation for each Month of the Quarter

| Bank Account Information DECEMBER | Account #1 | Account #2 | Account #3 | Account #4 |
|--|---------------|---------------|---------------|---------------|
| Name of Bank: | BBT DIP | | | |
| Account Number: | 2343 | ٠ | | |
| Purpose of Account (Operating/Payroll/Tax) | 1305 | 3 | | |
| Type of Account (e.g. checking) | ck | | | |
| Balance per Bank Statement | 535,87 | | | |
| 2. ADD: Deposits not credited | _ | | | |
| SUBTRACT: Outstanding Checks | _ | | | |
| 4. Other Reconciling Items | _ | | | |
| 5. Month End Balance (Must Agree with Books) | 535.87 | | | |

Note: Attach copy of each bank statement and bank reconciliation.

| Investment Account Information | D | | | |
|--------------------------------|---------------------|-----------------------|---|------------------|
| Bank / Account Name / Number | Date of Purchase | Type of Instrument | Purchase Price | Current Value |
| | | | | |
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| | | 1 | *************************************** | |
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Note: Attach copy of each investment account statement.