

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA  
MIAMI DIVISION

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

DEBTOR HICKORY HILL 1185, LLC'S  
POST-CONFIRMATION QUARTERLY OPERATING REPORT  
FOR THE PERIOD  
FROM JANUARY 1, 2019 THROUGH MARCH 31, 2019

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 3<sup>rd</sup> Avenue  
Suite 410  
Ft. Lauderdale, FL 33301  
Telephone: 954-745-5897  
[mseese@seeselaw.com](mailto: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?		✓
2. Are any post-confirmation sales or payroll taxes past due?		✓
3. Are any amounts owed to post-confirmation creditors/vendors over 90 days delinquent?		✓
4. Is the Debtor current on all post-confirmation plan payments?		✓

\*If 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*
1. Are real and personal property, vehicle/autn, 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 & Liability	Montreal 2nd Co.	3-31-2019	\$,000	0-
Auto liability	USAA	3-31-2020	monthly	
		12-6-2018	1,200	0-
		12-6-2019	monthly	

DESCRIBE PERTINENT DEVELOPMENTS, EVENTS, AND MATTERS DURING THIS REPORTING PERIOD:

Estimated Date of Filing the Application for Final Decree: April 2021

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 belief.

This 3rd day of September 20 19

  
Debtor's Signature

MONTHLY OPERATING REPORT -  
POST CONFIRMATION

ATTACHMENT NO. 2

CHAPTER 11 POST-CONFIRMATION  
SCHEDULE OF RECEIPTS AND DISBURSEMENTS

Case Name:	
Case Number:	14-29781-LMI-LMI
Date of Plan Confirmation:	

All items must be answered. Any which do not apply should be answered "none" or "N/A".

## 1. CASH (Beginning of Period)

Quarterly	Post Confirmation Total
\$ 535.87	\$ 2,346.00

## 2. INCOME or RECEIPTS during the Period

\$ 58,907.00	\$ 497,660.96
--------------	---------------

## 3. DISBURSEMENTS

## a. Operating Expenses (Fees/Taxes):

- (i) U.S. Trustee Quarterly Fees
- (ii) Federal Taxes
- (iii) State Taxes
- (iv) Other Taxes

\$ 1319.10	\$ 4,874.10
------------	-------------

## b. All Other Operating Expenses:

\$ 19,345.76	\$ 1188.75
	257,888.64

## c. Plan Payments:

- (i) Administrative Claims
- (ii) Class One
- (iii) Class Two
- (iv) Class Three
- (v) Class Four

\$	\$
36,398.38	233,685.84
\$ 57,063.24	\$ 497,627.39

(Attach additional pages as needed) →

## Total Disbursements (Operating &amp; Plan)

\$ 2,379.63	\$ 2,379.63
-------------	-------------

## 1. CASH (End of Period)

MONTHLY OPERATING REPORT -  
POST CONFIRMATION

ATTACHMENT NO. 3

CHAPTER 11 POST-CONFIRMATION  
BANK ACCOUNT RECONCILIATIONS

Prepare Reconciliation for each Month of the Quarter

Bank Account Information				
	Account #1	Account #2	Account #3	Account #4
<i>MARCH</i>				
Name of Bank:	<i>BBT DEP</i>			
Account Number:	<i>2343</i>			
Purpose of Account (Operating/Payroll/Tax)	<i>BUS</i>			
Type of Account (e.g. checking)	<i>CHK</i>			
1. Balance per Bank Statement	<i>2,379.63</i>			
2. ADD: Deposits not credited	<i>-</i>			
3. SUBTRACT: Outstanding Checks	<i>-</i>			
4. Other Reconciling Items	<i>-</i>			
5. Month End Balance (Must Agree with Books)	<i>2,379.63</i>			

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

Investment Account Information				
Bank / Account Name / Number	Date of Purchase	Type of Instrument	Purchase Price	Current Value

Note: Attach copy of each investment account statement.

HH

## Plan Payments by Class

2019

1st Qtr

<u>Class</u>	<u>DIP</u>	<u>Other</u>	<u>Total</u>	<u>Prev Qtrs</u>	<u>Post Ctl</u>
Admin	0.00	0.00	0.00	0.00	0.00
3	0.00	0.00	0.00	0.00	0.00
4	0.00	0.00	0.00	0.00	0.00
5	0.00	0.00	0.00	0.00	0.00
6	15,548.90	14,823.00	30,371.90	174,375.42	204,747.32
8	0.00	0.00	0.00	0.00	0.00
9	0.00	0.00	0.00	856.64	856.64
10	0.00	0.00	0.00	962.72	962.72
13	0.00	0.00	0.00	0.00	0.00
14-38	6,026.48	0.00	6,026.48	21,092.68	27,119.16
43	0.00	0.00	0.00	0.00	0.00
44	0.00	0.00	0.00	0.00	0.00
46	0.00	0.00	0.00	0.00	0.00
50	0.00	0.00	0.00	0.00	0.00
	<u>21,575.38</u>	<u>14,823.00</u>	<u>36,398.38</u>	<u>197,287.46</u>	<u>233,685.84</u>