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 <u>APRIL 1, 2019</u> THROUGH <u>JUNE 30, 2019</u>

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

YES*	NO
	V
	V
	V
	~
	YES*

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*
Are real and personal property, vehicle/auto, general liability, fire, theft, worker's compensation, and other necessary insurance coverages in effect?	V	
Are all premium payments current?	IV	-

[&]quot;If the answer to any of the above questions is "NO," provide a detailed explanation of each item on a separate sheet.

CONFIRMATION C	F INSURANCE		
O TYPE of POLICY and CARRIER	Period of Coverage	Payment Amount and Frequency	Delinquency Amount
comp + had by Marked my 6	13.71-2049	5 000	-0-
Mornish le Wilha	721-2022	andy	
	10-6-2018-	1, 240	-0-
To the state of th	10-6-2019	and	

, Di	SCRIBE PERTIN	ENT DEVE	OPMENTS, EVENTS,	, AND MATTERS DURIN	G THIS REPORT	NG PERIOD:
			æ u			· · · · · · · · · · · · · · · · · · ·
timated Date of I	Filing the Applic	ation for F	inal Decree:	1505 1		

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 3 - 1 day of Sept 20_19

Dentor's Signature

MONTHLY OPERATING REPORT - POST CONFIRMATION

ATTACHMENT NO. 2

CHAPTER 11 POST-CONFIRMATION SCHEDULE OF RECEIPTS AND DISBURSEMENTS

C	ise Na	ame:		7			
C	ise Ni	umbei	- 14-29781-682-2002	7			
D:	ite of	Plan (Confirmation:	7			¥
			- The state of the				
			All items must be answered. Any which do	not apply	y should be answered	"none"	or "N/A"
	۰.	~~~			Quarterly	P	ost Confirmation Total
1.	CA	SH (Beginning of Period)	S	2,379.63		2,3 46.00
2.	IN	COM	E or RECEIPTS during the Period	S	13,734,98	S	511,395.94
				-			211/3/-11
3.	DIS		ESEMENTS				
	a,	Ope	rating Expenses (Fees/Taxes):				
		(1)	U.S. Trustee Quarterly Fees	3		13	4.894.10
		(ii)	Federal Taxes			1	1/01/1/1/
,*		(iii)	State Taxes			1	THE AMERICAN PROPERTY OF THE PERSON NAMED IN COLUMN PARKET OF THE PERSON NAMED IN COL
r.		(iv)	Other Taxes				1,188.75
	b.	All (Other Operating Expenses:	\$	11,022.10	\$	268, 880.74
	c.	Plan	Payments:			T	
	0,	(i)	Administrative Claims	S		-	
		(ii)	Class One	3		S	
		(iii)	Class Two	-	-		Market Transport
		(iv)	Class Three	-		1	
		(v)	Class Four			-	
			(Attach additional pages as needed) —		~ 0 -	1	233 685 84
	Tota	al Di	sbursements (Operating & Plan)	\$	11,022.10	3	508,649.43
ı.	CAS	SH (I	and of Period)	3		le .	
	10000			-5	5,092.51	8	5,092.51

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				[
	Account #1	Account #2	Account #3	Account #4
Name of Bank:	BBTOFF			
Account Number:	2343			
Purpose of Account (Operating/Payroll/Tax)	BUS			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Type of Account (e.g. checking)	ck			
1. Balance per Bank Statement	5092.51			
2. ADD: Deposits not credited	_			
S. SUBTRACT: Outstanding Checks	-			
4. Other Reconciling Items	-		-	
5. Month End Balance (Must Agree with Books)	3,092.51			

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

vestment 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
2nd Qtr

Class	DIP	Other	Total	Prev Qtrs	Post Ctl
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	0.00	0.00	0.00	204,747.32	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	0.00	0.00	0.00	27,119.16	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	
50	0.00	0.00	0.00		0.00
-	0.00	0.00	0.00	233,685.84	233,685.84