## UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF FLORIDA

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In re:		Case No. Chapter 11					
	Debtor						
	FINAL REPO	RT AND MOTIO	N FOR I	ENTRY OF FI	NAL DEC	CREE	
	Pursuant to Local F al Decree and repr	` '	ne undei	rsigned files thi	s Final R	eport and Motion	
	1. The plan of rec an provided for a _	•					
individumotion U.S.C.	2. The deposit reual all payments us requesting discharge \$1141(d)(5)] and the plan have been	inder the plan har arge prior to com all matters to	ave been pletion be com	en completed of payments	or the de under the	ebtor has filed a e plan under 11	
which vindividu 11 U.S Chapte	3. There are no lowould affect the sual, has filed the Lower .C. §522(q)(1) Aper 11 Cases Only]	substantial cons cal Form "Notice olicability, Paymo Applicability of I	ummation of Dead ent of Dead Financia	on of this cas lline to Object t oomestic Supp	se and the observance of the o	ne debtor, if an 's Statement Re: ations, and [For	
arrange	4. All administrati ements have beer ses is as follows:		•				
\$than or	Trustone chapter)	ee Compensation	n (If trus	tee received c	ompensa	ation under more	
\$	\$_	01 011	_ \$	01.40	\$	01. 10	
	Ch. 7	Ch. 9 or 11		Ch. 12		Ch. 13	
\$	Fee for Attorne	ey for Trustee					
\$	Fee for Attorney for Debtor						
\$	U.S. Trustee (fees required by 28 U.S.C. §1930)						
\$	Clerk of Court (fees required by 28 U.S.C. §1930)						
\$	Other Professionals						
\$	ALL expenses	, including Truste	ee's				

The undersigned respectfully requests that this court enter a final decree and close this fully administered case.
I certify that a copy of this report and attachments was mailed to the U.S. Trustee's
office on
Ву:
Print Name and Title:
Address:
Phone:

5. Attached as Exhibit A is a distribution report detailing the payments made under the plan on the effective date.

## **EXHIBIT A**

CASE NAME:	
CASE NII IMPED:	
CASE NUMBER:	

The following payments have been made pursuant to the plan of reorganization:

LIST ALL PAYMENTS MADE ON OR BEFORE THE EFFECTIVE DATE OF THE PLAN, OR IF INDIVIDUAL CHAPTER 11, ALL PAYMENTS MADE UNDER THE PLAN. SEPARATE CLAIMANTS BY CLASSIFICATION UNDER THE PLAN AND PROVIDE A TOTAL FOR EACH CLASSIFICATION. LIST THE NAME OF EACH RECIPIENT, AMOUNT OF THE ALLOWED CLAIM AND THE AMOUNT THAT WAS PAID (USE CONTINUATION PAGE IF NECESSARY).

RECIPIENT	ALLOWED AMOUNT OF CLAIM	DIVIDEND PAID
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$