

**ARNALDO BARROS**  
**900 Washington Street**  
**Hollywood, Florida 33019**  
**646-765-9052 Fax: 954-922-5540**  
**Email: aabarrs@aol.com**

DISTRIBUTION CENTER  
09 SEP 18 AM 7:15

September 8, 2009

Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 3239900850

RECEIVED-FPSC  
09 SEP 18 AM 9:51  
COMMISSION  
CLERK

RE: Document # 090366-WU

Enclosed is the financial statement of Arnaldo and Maria Barros also the 2007  
Tax return. We do not have yet the 2008 returns if it is necessary I will be mailing  
to you as soon as I have it.

Sincerely

Maria Barros

DOCUMENT NUMBER-DATE  
09684 SEP 18 8  
FPSC-COMMISSION CLERK

COMMISSIONERS:  
MATTHEW M. CARTER II, CHAIRMAN  
LISA POLAK EDGAR  
KATRINA J. MCMURRIAN  
NANCY ARGENZIANO  
NATHAN A. SKOP

STATE OF FLORIDA



TIMOTHY DEVLIN, DIRECTOR  
DIVISION OF ECONOMIC REGULATION  
(850) 413-6900

## Public Service Commission

August 21, 2009

Mr. Len Tabor  
Arma Water Service, LLC.  
5421 SW 42 Place  
Ocala, Florida 34474

**Re: Docket No. 090366-WU; Application for certificate to operate water utility in Marion County by Arma Water Service, LLC.**

Dear Mr. Tabor:

After reviewing the application in the above referenced docket, staff has identified the following deficiencies and additional information needed to complete our review and processing of the application.

### Deficiencies

1. As required by Section 367.045(1) (a), Florida Statutes, and Rule 25-30.030, Florida Administrative Code (F.A.C.), the utility must provide notice of the application and provide affidavits that the notice was given to the customers, the governing bodies, and privately owned water and wastewater utilities. The notice must also be published in a local newspaper of general circulation. A list of the entities to notice is being provided under separate cover. Please provide a copy of the notice of the application and affidavits of noticing as required by Rule 25-30.030, F.A.C. Enclosed is a copy of Rule 25-30.030, F.A.C., and an edited version of your notice.
2. Rule 25-30.034(1)(j), F.A.C., requires that the proposed territory be plotted on the territory maps by use of metes and bounds or quarter sections, and with a defined reference point of beginning. The edited notice contains a description of the service territory using quarter section/half section references, rather than metes and bounds. Please have Radcliffe Engineering check the description we are suggesting for the service area for accuracy before you notice other utilities. The description should match what is depicted on the maps (no more territory, no less territory), and if Radcliffe approves, that will be the territory description used for the utility's certificate.
3. As required by Rule 25-30.034(1)(e), F.A.C., please provide a statement regarding the applicant's financial and technical ability. As evidence of financial ability to provide water service to the area, please provide a detailed financial statement (balance sheet and income statement) of the financial condition of the applicant, that shows all assets and liabilities, along with a copy of the applicant's 2008 tax return. The financial statement

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD • TALLAHASSEE, FL 32399-0850

An Affirmative Action / Equal Opportunity Employer

PSC Website: <http://www.floridapsc.com>

Internet E-mail: [contact@psc.state.fl.us](mailto:contact@psc.state.fl.us)

09684 SEP 18 2009

should demonstrate that the applicant has the capital resources to support the financial needs of the utility. In addition, provide a list of all entities and affiliates upon which the applicant is relying to provide funding to the utility. If the utility has licensed personnel operating the facility, please provide the plant operator's name, operator's class, and license number.

4. According to the application, evidence that the utility owns the land where the water plant is situated will be provided as a late filed exhibit. Please submit evidence that the utility owns the land.
5. Please submit the original and two copies of the model water tariff containing all classifications, rules and regulations, and rates consistent with Chapter 25-9, F.A.C. A copy of the model tariff is accessible on the PSC website at <http://www.floridapsc.com>. The water tariff should contain all proposed rates and charges, as well as a proposed service availability policy. In addition, please submit a copy of a customer bill. The bill should contain all information required by Rule 25-30.335(1), F.A.C.

#### Additional Information

1. Exhibit I of the application shows Pro Forma Water Plant. Are these amounts calculated from original source documents such as invoices or contracts? If not, are those original source documents available?
2. Exhibit I appears to be the actual cost of the plant investment. Please submit a schedule showing the original cost of the water utility assets with the depreciation, contributions in aid of construction and amortization using the National Association of Regulatory Utility Commissioners Uniform System of Accounts (NARUC USOA) and a schedule showing the proposed capital structure.
3. What does Exhibit L in the application depict?
4. Please provide a description and the acreage of the parcel on which the water treatment facilities are located. Also provide the date when the land for the utility's facilities was dedicated to public service, as well as the value of the land at that time.
5. When and under what circumstances did the utility begin providing service to its customers without first obtaining a certificate from this agency?
6. Who is the wastewater service provider or are the customers' homes on septic tanks?
7. Please provide a copy of the latest Department of Environmental Protection (DEP) Sanitary Survey for the water system. In addition, provide a copy of the most recent twelve months of the water plant's monthly operating reports prepared by the plant operator and submitted to the DEP.
8. According to the application, Schedule 8 listed 45 connections, Exhibit D listed 58 total proposed connections, and Exhibit Q list 94 connections in calculating the revenue requirement. Please explain the ERC numbers listed on each document. Also, Exhibit Q, the Revenue Proof, needs to be recalculated using the number of ERCs at buildout. It is suggested that you use 58 ERCs at buildout for the development, rather than the well capacity of 94 ERCs in calculating the revenue

Mr. Len Tabor  
Page 3  
August 21, 2009

requirement. If, 58 ERCs at buildout for the development is not correct, please use the number of ERCs at buildout in calculating the revenue requirement. Please provide cost justification for the requested rates and revenue requirement.

As stated in the first deficiency of this letter, enclosed is an edited version of the notice to be given to utilities and governmental entities. A list of entities to whom notice should be given will be provided under separate cover.

The original and four copies of the response to the information requested in this letter should be filed with the Commission on or before **September 28, 2009**. When filing the response, please be sure to refer to the docket number and direct the response to:

Office of Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Boulevard  
Tallahassee, Florida 32399-0850

Should you have any questions concerning the information in this letter, please contact Cheryl Johnson at 850-413-6984 or Tom Walden at 850-413-6950.

Sincerely,



Patti Daniel, Supervisor  
Bureau of Certification, Economics, and Tariffs

PD:caj  
enclosure

cc: Division of Economic Regulation (Johnson, Walden)  
Office of the General Counsel (Brown)  
Division of Commission Clerk (Cole)  
Mr. Arnold Barros

Mr. Len Tabor  
Page 4  
August 21, 2009

Mr. Arnold Barros  
900 Washington St.  
Hollywood, Florida 33019

REDACTED

Form 1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return 2007

IRS Use Only—Do not write or staple in this space.

Label

(See instructions on page 12.) Use the IRS label. Otherwise, please print or type.

Label HERE

For the year Jan. 1–Dec. 31, 2007, or other tax year beginning... Your first name M.I. Last name Suffix... ARNALDO BARROS... MARIA BARROS... 900 WASHINGTON STREET... HOLLYWOOD FL 33019... Check here if you, or your spouse if filing jointly, want \$3 to go to this fund...

Filing Status 1 Single 2 Married filing jointly (even if only one had income) 3 Married filing separately... 4 Head of household (with qualifying person)... 5 Qualifying widow(er) with dependent child... Check only one box.

Exemptions

6a Yourself. If someone can claim you as a dependent, do not check box 6a. 6b Spouse. c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) if qualifying child for child tax credit... d Total number of exemptions claimed 2

Income

Table with 2 columns: Line number and Amount. Rows include: 7 Wages, salaries, tips, etc. 10,200; 8a Taxable interest 89,731; 9a Ordinary dividends 44,055; 13 Capital gain or (loss) 55,912; 20a Social security benefits 19,174; 22 Add the amounts in the far right column for lines 7 through 21. This is your total income 417,247.

Adjusted Gross Income

Table with 2 columns: Line number and Amount. Rows include: 23 Educator expenses; 27 One-half of self-employment tax 104; 36 Add lines 23 through 31a and 32 through 35 104; 37 Subtract line 36 from line 22. This is your adjusted gross income 417,143.

Tax and Credits

38	Amount from line 37 (adjusted gross income).	38	417,143
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1943, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a 1		
	if: <input type="checkbox"/> Spouse was born before January 2, 1943, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see page 41 and check here <input type="checkbox"/> 39b		
40	Itemized deductions (from Schedule A) or your standard deduction (see last page)	40	109,947
41	Subtract line 40 from line 38	41	307,196
42	If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the worksheet on page 33	42	2,266
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	304,930
44	Tax (see page 33). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972 c <input type="checkbox"/> Form(s) 8899	44	72,433
45	Alternative minimum tax (see page 36). Attach Form 6251	45	9,468
46	Add lines 44 and 45	46	81,901
47	Credit for child and dependent care expenses. Attach Form 2441	47	
48	Credit for the elderly or the disabled. Attach Schedule R	48	
49	Education credits. Attach Form 8863	49	
50	Residential energy credits. Attach Form 5695	50	
51	Foreign tax credit. Attach Form 1116 if required	51	1,372
52	Child tax credit (see page 39). Attach Form 8901 if required	52	
53	Retirement savings contributions credit. Attach Form 8880	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8859 c <input type="checkbox"/> Form 8839	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	1,372
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	80,529

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Unreported social security and Medicare tax from: a <input type="checkbox"/> Form 4137 b <input type="checkbox"/> Form 8919	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2, box 9	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	80,529

Payments

64	Federal income tax withheld from Forms W-2 and 1099	64	1,054
65	2007 estimated tax payments and amount applied from 2006 return	65	54,800
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election <input type="checkbox"/> 66b		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Refundable credit for prior year minimum tax from Form 8801, line 27	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	55,654

Refund

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid.	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here.	74a	
b	Routing number <input type="text"/>		
c	Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2008 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	24,875
77	Estimated tax penalty (see page 61)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)?  Yes. Complete the following.  No

Designee's name  Preparer  
 Phone no.  (845) 352-0585  
 Personal identification number (PIN)  81951

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature  Date  5/20/2008 Check if self-employed  Preparer's SSN or PTIN  P00615124

Firm's name (or yours if self-employed), address, and ZIP code  BENJAMIN T HAJDUK CPA PC  
 2 PERLMAN DRIVE STE #203  
 SPRING VALLEY State NY ZIP code 10977

SCHEDULE A (Form 1040)

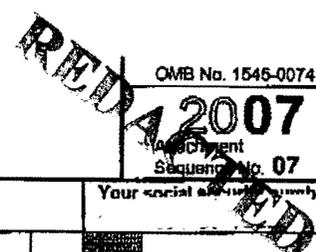
Schedule A—Itemized Deductions

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040.

See Instructions for Schedule A (Form 1040).



Name(s) shown on Form 1040

Your social security number

ARNALDO and MARIA BARROS

Medical and Dental Expenses

Caution. Do not include expenses reimbursed or paid by others.

Table with 4 rows: 1 Medical and dental expenses (2,050), 2 Enter amount from Form 1040, line 38 (417,143), 3 Multiply line 2 by 7.5% (.075) (31,286), 4 Subtract line 3 from line 1 (0)

Taxes You Paid

State and local (check only one box):

Table with 4 rows: 5 State and local taxes (1,719), 6 Real estate taxes (22,469), 7 Personal property taxes, 8 Other taxes

Add lines 5 through 8

24,188

Interest You Paid

Home mortgage interest and points reported to you on Form 1098... Home mortgage interest not reported to you on Form 1098...

Name Address TIN

Points not reported to you on Form 1098. See page A-6 for special rules

Qualified mortgage insurance premiums (See page A-7) Investment interest. Attach Form 4952 if required.

Add lines 10 through 14

75,066

Gifts to Charity

Gifts by cash or check. If you made any gift of \$250 or more, see page A-8

Other than by cash or check. If any gift of \$250 or more, see page A-8. You must attach Form 8283 if over \$500

Carryover from prior year

Add lines 16 through 18

15,908

Casualty and Theft Losses

Casualty or theft loss(es). Attach Form 4684. (See page A-9.)

Job Expenses and Certain Miscellaneous Deductions

Unreimbursed employee expenses—job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required.

Tax preparation fees

Other expenses—investment, safe deposit box, etc. List type and amount

Add lines 21 through 23

Enter amount from Form 1040, line 38 (417,143)

Multiply line 25 by 2% (.02)

Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-

8,343

Other Miscellaneous Deductions

Other—from list on page A-10. List type and amount

Total Itemized Deductions

Is Form 1040, line 38, over \$156,400 (over \$78,200 if married filing separately)?

No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40.

Yes. Your deduction may be limited. See page A-10 for the amount to enter.

If you elect to itemize deductions even though they are less than your standard deduction, check here

109,947

Name(s) shown on Form 1040. Do not enter name and social security number if shown on other side.

Your social security number

ARNALDO and MARIA BARROS

### Schedule B—Interest and Ordinary Dividends

Attachment Sequence No. 08

#### Part I Interest

(See page B-1 and the instructions for Form 1040, line 8a.)

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶	
	See Attached Statement for Seller-Financed Mortgage Interest Income	27,218
	VALLEY NATL BANK	29
	VALLEY NATIONAL BANK	7
	SUNTRUST	34
	PONDS EQUITIES	13
	A TO Z REAL ESTATE INC	8,082
	ANB R.E. INVESTMT INC	16,711
	AMERITRADE	20
	VALLEY NATL BANK	11
	FTR-FIRST TEXAS REALTY LTD	5,868
	FTR-FIRST TEXAS REALTY LTD	5,869
	OCEANFRONT PROP INC	15,792
	LIFE SCIENCE GROUP INC	63
	A TO Z REAL ESTATE INC	10,014
2	Add the amounts on line 1	89,731
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a. ▶	89,731

Note. If line 4 is over \$1,500, you must complete Part III.

#### Part II Ordinary Dividends

(See page B-1 and the instructions for Form 1040, line 9a.)

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		Amount
5	List name of payer ▶ BAIRD PATRICK & CO	15,507
	AMERITRADE #784-637503	200
	AMERITRADE #192-618420	9,997
	CHARLES SCHWAB	5,602
	MORGAN STANLEY	4,460
	AMERITRADE #060815	8,289
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a. ▶	44,055

Note. If line 6 is over \$1,500, you must complete Part III.

#### Part III Foreign Accounts and Trusts

(See page B-2.)

		Yes	No
You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			
7 a	At any time during 2007, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
8	During 2007, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2		X

**SCHEDULE D  
(Form 1040)**

**Capital Gains and Losses**

OMB No. 1545-0074

**2007**

▶ Attach to Form 1040 or Form 1040NR. ▶ See instructions for Schedule D (Form 1040).

Attachment Sequence No. **12**

Department of the Treasury  
Internal Revenue Service

▶ Use Schedule D-1 to list additional transactions for lines 1 and 8.

Name(s) shown on return

Your Social Security number

**ARNALDO and MARIA BARROS**

**REDACTED**

**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 1600SH ENERGY INFRASTRUCTURE	12/12/2007	12/31/2007	1,681	2,096	-415
200SH MICROSOFT CORP	1/1/2007	7/19/2007	6,284	6,138	146
300SH NUANCE COMM INC	1/1/2007	7/19/2007	5,507	5,010	497
1000SH ALUMINUM CP CHINA LTD ADR	1/9/2007	4/5/2007	27,428	24,990	2,438
1000SH FREEPORT MCMORAN CO & GLD	1/8/2007	4/5/2007	68,167	52,995	15,192
1000SH VOLT INFO SCIENCES IN COM	11/30/2006	1/17/2007	63,157	46,199	16,958
1000SH INTERACTIVE INTELLIGENCE INC COM	11/30/2006	1/18/2007	21,609	18,340	3,269
80M FLURISTEM LIFE SYSTEMS INC	1/24/2007	6/21/2007	4,681	3,885	796
2 Enter your short-term totals, if any, from Schedule D-1, line 2		2	2,225,559		136,221
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3	2,424,093		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4884, 6781, and 8824		4			-9,300
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1		5			-1,048
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet on page D-7 of the instructions		6			( )
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f).		7			164,754

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold (Mo., day, yr.)	(d) Sales price (see page D-7 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 1000SH IVIVI TECHNOLOGIES INC COM	10/24/2006	12/19/2007	4,790	6,000	-1,210
2000SH PHARMATHENE INC COM	2/28/2006	12/21/2007	8,297	15,252	-6,955
77560SH STEM CELL INNOVATIONS	3/17/2005	1/12/2007	12,305	5,276	7,030
100SH KING PHARMACEUTICALS INC	1/1/2006	3/26/2007	1,941	1,806	135
100SH PIKE ELECTRIC CORP	1/1/2006	5/21/2007	2,114	2,076	38
100SH RUSH ENTERPRISES INC CL A	1/1/2006	3/26/2007	2,002	1,911	91
900SH CONOCOPHILLIPS	12/19/2005	1/3/2007	63,232	52,065	11,167
1000SH PROVIDENT ENERGY TRUST CO	5/18/2005	1/9/2007	10,591	9,981	610
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9	648,016		-113,774
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	753,287		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4884, 6781, and 8824		11			-4,832
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1		12			-1,142
13 Capital gain distributions. See page D-2 of the instructions		13			
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-7 of the instructions		14			( )
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on the back		15			-100,842

For Paperwork Reduction Act Notice, see Form 1040 or Form 1040NR instructions.  
(HTA)

Schedule D (Form 1040) 2007

*NET GAIN 559*

ARNALDO & MARIA BARROS  
STATEMENT OF ASSETS AND LIABILITY

Friday September 4, 2009

ASSETS:

CASH IN THE BANK	20,735.00
<u>INVESTMENTS: MARKETABLE SECURITIES</u>	<u>425,230.00</u>

INVESTMENTS:

A TO Z TRADERS, INC. 100% OWNERSHIP	350,000.00
<u>ANB REAL ESTATE INVESTMENTS, INC 100% OWNERSHIP</u>	<u>200,000.00</u>
<u>FTR-FIRST TEXAS REALTY, LTD. 51% OWNERSHIP</u>	<u>1,000,000.00</u>
TOTAL:	1,550,000.00

INVESTMENTS IN REAL ESTATE:

501 THREE ISLAND BLVD., HALLANDALE, FL.	120,000.00
<u>2184 ACRES, PECOS, TEXAS</u>	<u>800,000.00</u>
<u>23211 KUYKENDHAL, TOBAL, TEXAS</u>	<u>1,000,000.00</u>
<u>9631 SW 30TH TERRRACE, OCALA, FL</u>	<u>215,000.00</u>
<u>9611 SW 30TH TERRACE, OCALA, FL.</u>	<u>215,000.00</u>
<u>9591 SW 30TH TERRACE, OCALA, FL</u>	<u>215,000.00</u>

TOTAL: 2,565,000.00

LESS ACCUMULATED DEPRECIATION: 404,270.00

TOTAL: 2,160,730.00

<u>PERSONAL RESIDENCE AND IMPROVEMENTS</u>	<u>1,200,000.00</u>
<u>LOANS RECEIVABLES- ANB REAL ESTATE INVESTMENTS, INC.</u>	<u>140,000.00</u>
<u>AUTOMOBILE</u>	<u>10,000.00</u>
<u>HOUSEHOLD FURNISHING</u>	<u>30,000.00</u>
<u>LIFE INSURANCE CASH SURRENDER VALUE</u>	<u>58,230.00</u>

1,438,230.00

TOTAL ASSETS: 5,148,960.00

LIABILITIES:

MORTGAGE PAYABLE TO:

AMEGY BANK OF TEXAS	70,893.00
SUNTRUST BANK	404,103.00

474,996.00

EXCESS OF ASSETS OVER LIABILITIES 4,899,091.63