

UNITED STATES BANKRUPTCY COURT

District of South Carolina

PROOF OF CLAIM

Name of Debtor: The Cliffs at Glassy Golf & Country Club, LLC

Case Number: 12-01234

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property): Otis Elevator Company, et al.

Check this box to indicate that this claim amends a previously filed claim.

Name and address where notices should be sent: Otis Elevator Company, et al. ATTN: Treasury Services-Credit/Collections- 1st Floor 1 Farm Springs Farmington, CT 06032

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Court Claim Number: (If known)

Telephone number: (860) 676-6446

Filed on:

Name and address where payment should be sent (if different from above):

Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Telephone number:

Check this box if you are the debtor or trustee in this case.

1. Amount of Claim as of Date Case Filed: \$ 2,119.72

5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4.

If all or part of your claim is entitled to priority, complete item 5.

Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

Specify the priority of the claim.

2. Basis for Claim: Elevator Service & Equip. (See instruction #2 on reverse side.)

Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B).

3. Last four digits of any number by which creditor identifies debtor: 1243

Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4).

3a. Debtor may have scheduled account as: (See instruction #3a on reverse side.)

Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5).

4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information.

Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7).

Nature of property or right of setoff: Real Estate Motor Vehicle Other Describe:

Value of Property: \$ Annual Interest Rate %

Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8).

Amount of arrearage and other charges as of time case filed included in secured claim,

if any: \$ Basis for perfection:

Amount of Secured Claim: \$ Amount Unsecured: \$

Other - Specify applicable paragraph of 11 U.S.C. §507 (a)().

6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.

Amount entitled to priority:

\$

7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices; itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.)

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain:

FOR COURT USE ONLY

Date: 03/07/2012

Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

[Handwritten signature]

John Parent, Spvsr. Treasury Svcs, North American Credit/Collections



OTIS ELEVATOR COMPANY

1 Farm Springs Rd
Farmington, CT 06032

Customer No.	Statement Date	Amount Due
401243	3/7/2012	2,119.72

STATEMENT

Mail payment to:

Otis Elevator Company
PO Box 905454
Charlotte, NC 28290-5454

CLIFFS AT GLASSY
attn A/P
PO Box 1549
TRAVELERS REST, SC 29690

Please provide your name, phone number and/or email address
should we have any questions on how to apply your payment:

STATEMENT

For any questions concerning this statement, please contact:
336-922-2039 or Kathy.Tedder@otis.com

Page: 1 of 1

Building Reference:

Customer No.	Statement Date	Balance Due
401243	3/7/2012	2,119.72

Invoice Number	Document Type	Invoice Date	Gross Amount	Open Amount
TAG07791G811	Invoice	7/20/2011	1,391.48	1,391.48
TAG07791GB11	Invoice	10/20/2011	1,472.27	728.24

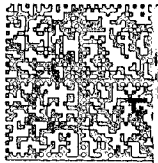
Above, please find your latest statement of account. This statement does not include invoices turned over to a third party for collection. Chargebacks are disputes under investigation. Please remit payment to the address above. If you have already paid, thank you. Collection data is reported to Dun & Bradstreet.



Otis

A United Technologies Company

Otis Elevator Company
One Farm Springs
Farmington, CT 06032



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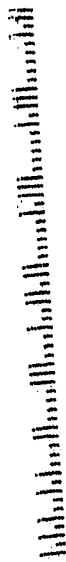
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\$ 00.450
MAILED FROM ZIP CODE U6032

BMC Group, Inc.

Attn: The Cliffs Club & Hospitality Group, Inc. Claims Processing

PO Box 3020

Chanhassen, MN 55317-3020



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