

United States Bankruptcy Court
Southern District of New York (Manhattan)

PROOF OF CLAIM

In re (NAME OF DEBTOR)

JENNIFER CONVERTIBLES, INC.

Case Number

10-13779-BKC-ALG

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

Name of Creditor

MIAMI-DADE COUNTY TAX COLLECTOR

Check box if you are aware that anyone else has filed a proof of claim relating to your claim.

Name and Address Where Notices Should Be Sent

Miami-Dade County Bankruptcy Unit
140 West Flagler Street, Suite 1403
Miami, Florida 33130

Attach copy of statement giving particulars.

Check this box if you have never received any notices from the bankruptcy court in this case.

Check box if the address differs from the address on the envelope sent to you by the court.

THIS SPACE IS FOR COURT

USE ONLY

Phone No: **(305) 375-5828** Fax: **(305) 375-1142**

ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR:

10-355817; 255806-3; 340680-8

CHECK HERE IF THIS CLAIM REPLACES AMENDS A PREVIOUSLY FILED CLAIM

DATED: _____

1. BASIS FOR CLAIM

TAXES

2. DATE DEBT WAS INCURRED

1/1/2010 Estimated

3. IF COURT JUDGMENT, DATE OBTAINED:

4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED.

SECURED CLAIM \$0.00

Brief description of Collateral:

REAL ESTATE PERSONAL PROPERTY OTHER

Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____

UNSECURED NONPRIORITY CLAIM \$ _____

A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.

UNSECURED PRIORITY CLAIM \$61.32

Specify the priority of the claim.

Wages, salaries, or commissions (up to \$10,950),* earned not more than 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)

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

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

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

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

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

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

RECEIVED
AUG 03 2010
BMC GROUP

5. TOTAL AMOUNT OF CLAIM

\$	\$90.00	\$61.32	\$151.32
(Unsecured)	(Secured)	(Priority)	Plus Statutory Interest

*SUBSEQUENT YEARS: TAXES WILL ACCRUE ON JANUARY 1ST OF EACH YEAR. THIS CLAIM WILL BE AMENDED AS NECESSARY. ANY TAX COLLECTOR'S POST PETITION CLAIM IS ALSO SECURED BY VIRTUE OF THE STATUTORY LIEN ESTABLISHED PURSUANT TO SECTION 197.122, FLORIDA STATUTES.

Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.

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

7. SUPPORTING DOCUMENTS: Attach legible copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If documents are voluminous, attach a summary. Supporting documents should not exceed 5 pages. (See reverse for instructions)

8. DATE-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

DATE 7/29/2010 Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any.)

ISI

Priscilla Windley
Paralegal Collections Specialist

Jennifer Convertibles



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USE ONLY

**MIAMI-DADE COUNTY FINANCE DEPARTMENT
TAX COLLECTION DIVISION - BANKRUPTCY UNIT
SEARCH SHEET**

CHAPTER 11

Case No.	10-13779-BKC-ALG
Debtor(s) Name:	JENNIFER CONVERTIBLES, INC.
Address:	417 Croosways Park Dr., Woodbury, NY 11797

AD VALOREM TAXES

TAX YEAR	Folio Numbers	PROPERTY ADDRESS	AMOUNT
	(Personal Property)		
*2010	10-355817	13623 S Dixie Hwy	\$61.32
	(Local Business Taxes)		
2010	340680-8	13623 S Dixie Hwy	\$45.00
2010	255806-3	1730 NE 163 Street	\$45.00

* This is an estimated bill
for 2010. The actual bill
will be available Nov. 2010

Total Claim Amount:.....	\$151.32
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The above-referenced taxes constitute a SECURED CLAIM, pursuant to FLORIDA STATUTES SECTION 197.122. Payment Must Include Statutory Interest Subsequent years' taxes will accrue on January 1st of each year. This claim will be amended as necessary. ANY Tax Collector's post petition claim is also SECURED by virtue of the statutory lien pursuant to

P E R S O N A L P R O P E R T Y T A X

TXCM1800

2010 PERSONAL PROPERTY TAXES - ESTIMATED BILL
VALUATIONS MILL FOLIO NUMBER DISC AMOUNT DUE IF PAID IN:
3300 10 355817 4% NOV 61.32

GROSS AMOUNT ESTIMATED
ON PRIOR YEAR TAX INFO: 63.88

JENNIFER CONVERTIBLES INC
417 CROSSWAYS PARK DR
WOODBURY NY
11797

LOCATED AT:
13623 S DIXIE HWY 145

MENU=PF1,CLEAR=PREV SCR,PRT BILL=PF5

PRT NTAXTXP7

DATE: 07/29/2010
TIME: 10:54:45

LOCAL BUSINESS TAX
PUBLIC ACCOUNT INQUIRY

LBT YEAR: 2011 OCLM9107

ACCOUNT : 327081-6

COMM-DATE: 12/1994

ENTRY-DATE: 12/01/1994

B U S I N E S S :

DELETE-ST:

ENTRY-TYPE: M

NAME: JENNIFER CONVERTIBLES INC

ADDR: 13623 S DIXIE HWY

SUITE: 145

ZIP: 33176 MUN: 33

C O R P / O W N E R (M A I L I N G) :

NAME: JENNIFER CONVERTIBLES INC

C/O: RAMI ABADA PRES

ADDR: 417 CROSSWAYS PARK DR

CITY: WOODBURY

STATE: NY

ZIP: 11797

O T H E R I N F O R M A T I O N :

PP-FOLIO: 00 000000

RE-FOLIO: 33 5021 038 0010

PG 1

RECEIPT DESCRIPTION	AMOUNT-DUE	D/R	PD	LEGAL
X 340680-8 RETAIL SALES	45.00			U

F1=MENU CLEAR=PREV SCR F4=MORE RCT ENTER=RECEIPT

DATE: 07/29/2010
TIME: 10:54:13

LOCAL BUSINESS TAX
PUBLIC ACCOUNT INQUIRY

LBT YEAR: 2011 OCLM9107

ACCOUNT : 445342-9

COMM-DATE: 05/1991

ENTRY-DATE: 03/01/2001

B U S I N E S S :

DELETE-ST:

ENTRY-TYPE: T

NAME: JENNIFER CONVERTIBLES

ADDR: 1730 NE 163 ST

SUITE:

ZIP: 33162 MUN: 07

C O R P / O W N E R (M A I L I N G) :

NAME: JENNIFER CONVERTIBLES INC

C/O:

ADDR: 417 CROSSWAYS PARK DR

CITY: WOODBURY

STATE: NY

ZIP: 11797

O T H E R I N F O R M A T I O N :

PP-FOLIO: 00 000000

RE-FOLIO: 07 2216 001 0670

PG 1

RECEIPT	DESCRIPTION	AMOUNT-DUE	D/R	PD	LEGAL
X	255806-3 RETAIL SALES	45.00			U

F1=MENU CLEAR=PREV SCR F4=MORE RCT ENTER=RECEIPT

Memorandum



Date: June 29, 2010

To: BMC Group, Inc. Claims Agent
444 N. Nash Street
El Segundo, CA 90245-2822

From: Priscilla A. Windley
Collection Paralegal Specialist
Miami-Dade County Tax Collector- Para-Legal Unit

Subject: BKC#10-13779-ALG
Chapter 11
Jennifer Convertibles, Inc
Recorded Proof of Claim

Please return a recorded Proof of Claim on the above referenced case in the envelope enclosed.
Should you have any questions please call me at 305-375-5828.

Regards,

PAW