
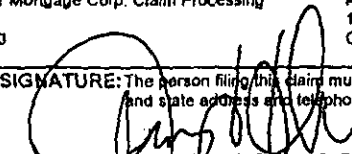


UNITED STATES BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA JACKSONVILLE DIVISION		PROOF OF CLAIM	
In re: <b>TAYLOR, BEAN &amp; WHITAKER MORTGAGE CORP.</b>		Case Number: <b>3:09-bk-07047-JAF</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name of Creditor and Address: <small>the person or other entity to whom the debtor owes money or property. If necessary, please cross out or print address and name in charge of address.</small>		<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">CLAIM FILED</div> <p style="font-size: 1.5em; font-weight: bold;">JUN 15 2010</p> <p>CLERK, U.S. BANKRUPTCY COURT MIDDLE DISTRICT OF FLORIDA</p>	
<p><b>Atlantic Law Group, LLC</b>                  Po Box 2548                  Leesburg, VA 20177</p> <p style="text-align: center;">JACKSONVILLE, FLORIDA</p>			
Creditor Telephone Number <b>(703) 777-7101</b>		<input checked="" type="checkbox"/> Check box if address is where Notice is to be sent.	
Name and address where payment should be sent (if different from above):		<input type="checkbox"/> Check this box if you are the debtor or trustee in this case. <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Claim Number (if known): _____ Filed on: _____	
Payment Telephone Number ( )			
1. AMOUNT OF CLAIM AS OF DATE CASE FILED <b>\$5365.66</b>			
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. <input type="checkbox"/> 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.			
2. BASIS FOR CLAIM: <b>Legal Services Rendered</b>		3. LAST FOUR DIGITS OF ANY NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR: 3a. Debtor may have scheduled account as: _____	
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 set off and provide the requested information Nature of property or right of setoff: Describe: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Property: \$ _____ Annual Interest Rate: _____ % if any: \$ _____ Basis for Perfection: _____		Secured Claim Amount: \$ _____ <b>DO NOT</b> include the priority portion of your claim here. Unsecured Claim Amount: \$ _____ Amount of arrearage and other charges as of <u>time case filed</u> included in secured claim.	
5. PRIORITY CLAIM <input type="checkbox"/> 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. You <b>MUST</b> specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input type="checkbox"/> 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). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> 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). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> 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 the date of adjustment.		Unsecured Priority Claim Amount: \$ _____ Include <b>ONLY</b> the priority portion of your unsecured claim here.	
6. CREDITS: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.			
7. SUPPORTING DOCUMENTS: <b>Attach redacted copies of supporting documents</b> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are not available, please explain. <b>DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. <b>DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.</b>			
The original of this completed proof of claim form must be sent by mail, hand, courier or overnight delivery (facsimile, telecopy or other electronic means NOT accepted), so that it is actually received on or before 5:00 p.m. prevailing Eastern Time on June 15, 2010, the Bar Date (as defined in the Bar Date Notice).		THIS SPACE FOR COURT USE ONLY	
By Regular Mail to: BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing PO Box 3020 Chanhassen, MN 55317-3020		By Hand, Courier, Or Overnight Delivery to: BMC Group, Inc. Attn: Taylor, Bean & Whitaker Mortgage Corp. Claim Processing 18750 Lake Drive East Chanhassen, MN 55317 <div style="border: 1px solid black; padding: 5px; text-align: center;">                     T, B &amp; W Mortgage Corp.                        03042                 </div>	
DATE <b>06-14-10</b>	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.  Scanned: 6/15/2010-12:22:58 PM		

Atlantic Law Group										
Foreclosure	Date	Firm File #	Invoice #	Client	Mortgagor	Loan #	Invoice Total			
	03/22/10	500509md	500509md-fc1-01u	Taylor Bean & Whitaker	Rainey, Melissa	1666092	\$ 215.00			
	09/29/09	500838de	500838de-fc1-02	Taylor Bean & Whitaker	Christy, Jennifer L.	7002305	\$ 880.00			
	8/14/2009	213934de	213934del-sr-02	Taylor Bean & Whitaker	Longacre, Edward	1000077279	\$ 1,219.66			
	10/2/2009	502616de	502616de-fc3-01a&b	Taylor Bean & Whitaker	Longacre, Edward	1000077279	\$ 1,250.00			
	10/2/2009	500374de	500374de-fc1-03	Taylor Bean & Whitaker	Carr, Steven R	1000029874	\$ 1,202.36			
							\$ 4,767.02			
Litigation	Date	Invoice #	Service	Borrower	Loan #	Invoice Total				
217164MD	09/23/09	1998	Taylor Bean & Whitaker	Lezcano, Mauricio	1488104	\$ 78.00				
Eviction	Date	Matter #	Invoice #	Service	Mortgagor	Loan #	Invoice Total			
09/24/09	216752md		2096	Taylor Bean & Whitaker	Logsdon, Linda L.	343342	\$ 520.64			
						<b>Grand Total</b>	<b>\$5,365.66</b>			