

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF ARIZONA**

In re:) CASE NO. 2-08-bk-07465-RJH
)
MORTGAGES LTD) CH. 11 POST CONFIRMATION REPORT
)
) X QUARTERLY FINAL
) (PLEASE CHECK)
) QUARTER ENDING: June 30, 2009
)
Debtor(s)) DATE PLAN CONFIRMED: May 20, 2009

SUMMARY OF DISBURSEMENTS:

A. Disbursements made under the plan, for current quarter: \$ 390,514.92
B. Disbursements not under the plan, for current quarter: \$ 664,086.73

Total Disbursements \$ 1,054,601.65

**ALL DISBURSEMENTS MADE BY THE REORGANIZED DEBTOR, BE
THEY UNDER THE PLAN OR OTHERWISE, MUST BE ACCOUNTED FOR
AND REPORTED HEREIN FOR THE PURPOSE OF CALCULATING THE
QUARTERLY FEES.**

PLEASE ANSWER THE FOLLOWING:

1. What are your projections as to your ability to comply with the terms of the plan?
The Company will comply with the terms of The Plan

2. Please describe any factors which may materially affect your ability to obtain a final decree.
No negative factors. At this time, we expect to be able to substantially complete the plan
and ultimately request a final decree. _____

3. If plan payments have not yet begun, please indicate the date that the first plan payment is due.
Unknown at this time as outcome is largely dependent on litigation.

SUMMARY OF AMOUNTS DISTRIBUTED UNDER THE PLAN:

| | <u>Current Quarter</u> | <u>Paid to Date</u> | <u>Balance Due</u> |
|---|------------------------|----------------------|--------------------|
| A. FEES AND EXPENSES: | | | |
| 1. Disbursing Agent Compensation | \$ _____ | \$ _____ | \$ _____ |
| 2. Fee for Attorney for Trustee | \$ _____ | \$ _____ | \$ _____ |
| 3. Fee for Attorney for Debtor | \$ _____ | \$ _____ | \$ _____ |
| 4. Other Professionals | \$ _____ | \$ _____ | \$ _____ |
| 5. All Expenses, Including Disbursing Agent's | \$ _____ | \$ _____ | \$ _____ |
| B. DISTRIBUTIONS: | | | |
| 6. Secured Creditors | \$ _____ | \$ _____ | \$ _____ |
| 7. Priority Creditors | \$ _____ | \$ _____ | \$ _____ |
| 8. Unsecured Creditors | \$ _____ | \$ _____ | \$ _____ |
| 9. Equity Security Holders | \$ _____ | \$ _____ | \$ _____ |
| 10. Other Payments- Specify Class of Payee | \$ <u>390,514.92</u> | \$ <u>390,514.92</u> | \$ <u>Unknown</u> |
| <u>Operating Expenses, Admin Claims</u> | \$ _____ | \$ _____ | \$ _____ |
| _____ | \$ _____ | \$ _____ | \$ _____ |
| TOTAL PLAN DISBURSEMENTS | \$ <u>390,514.92</u> | \$ <u>390,514.92</u> | \$ <u>Unknown</u> |
| (Report Sum of Lines 1 - 10, <i>current quarter column</i> , on page 1, A.) | | | |

C. Percent Dividend to be Paid to Unsecured Creditors Under Plan _____ %

SUMMARY OF PROPERTY TRANSFERRED UNDER THE PLAN:

| <u>Description of Property</u> | |
|--|----------------------------------|
| Secured Creditors | See Plan for All Details _____ |
| Priority Creditors | See Plan for All Details _____ |
| Unsecured Creditors | _ See Plan for All Details _____ |
| Equity Security Holders | _ See Plan for All Details _____ |
| Other Transfers- Specify class of Transferee | |
| _____ | _____ |
| _____ | _____ |

CONSUMMATION OF PLAN:

If this is a final report, has an application for Final Decree been submitted?

_____ Yes Date application was submitted?

 X No Date when application will be submitted Unkown

Estimated Date of Final Payment Under Plan Unkown

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS
TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNED:



DATE:

8-31-09

VERONICA SAS
(PRINT NAME)