

STATE OF WISCONSIN

CIRCUIT COURT  
BRANCH 32

MILWAUKEE COUNTY

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DREXEL COMMERCIAL LIMITED PARTNERSHIP  
RAWSON COMMERCIAL LIMITED PARTNERSHIP  
LEGEND CREEK, LLC,  
GREENFIELD ESTATES LIMITED PARTNERSHIP,  
INDIAN CREEK CONDOMINIUM ASSOCIATES  
LIMITED PARTNERSHIP,  
ADAMS COURT, LLC  
BOURAXIS PROPERTIES (COLLEGE PLAZA), LLC  
BOURAXIS PROPERTIES (RIVERWOOD PLAZA), LLC  
BOURAXIS PROPERTIES (LATYON), LLC,  
RIVERWOOD VILLAGE, LLC

Case No. 14 CV 3185  
Other Code: 30304  
Other Debtor Actions

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**NOTICE OF RECEIVERSHIP, CLAIMS BAR DATE & INJUNCTION**

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**TO: CREDITORS AND OTHER INTERESTED PARTIES**

PLEASE TAKE NOTICE that the Circuit Court for Milwaukee County, Wisconsin, has appointed Rebecca R. DeMarb as the Receiver in the above-captioned case. The Receiver is the receiver over the assets of Drexel Commercial Limited Partnership, Lawson Commercial Limited Partnership, Legend Creek, LLC, Greenfield Estates Limited Partnership, Indian Creek Condominium Associates Limited Partnership, Adams Court, LLC, Bouraxis Properties (College Plaza), LLC, Bouraxis Properties (Riverwood Plaza), LLC, Bouraxis Properties (Latyon), LLC, Riverwood Village, LLC (collectively, the "Assignors"), and has all the usual and customary powers vested in her as set forth in Chapter 128 of the Wisconsin Statutes.

**YOU MUST FILE YOUR CLAIM AGAINST ONE OR MORE OF THE ASSIGNORS ON OR BEFORE AUGUST 31, 2014. IF YOU DO NOT FILE YOUR CLAIM ON OR BEFORE AUGUST 31, 2014, YOU WILL NOT RECEIVE ANY PAYMENT ON YOUR CLAIM. IF YOU FILE YOUR VERIFIED CLAIM BEFORE AUGUST 1, 2014, YOU MUST FILE IT WITH THE MILWAUKEE COUNTY CIRCUIT COURT, BRANCH 32, 901 NORTH NINTH STREET, ROOM 423SB,**

MILWAUKEE, WI 53233. IF YOU FILE YOUR VERIFIED CLAIM AFTER AUGUST 1, 2014, YOU MUST FILE IT WITH THE MILWAUKEE COUNTY CIRCUIT COURT, BRANCH 41, 901 NORTH NINTH STREET, ROOM 401, MILWAUKEE, WI 53233.


In addition, you should mail a copy of your Verified Claim to the Receiver at the address stated below.

PLEASE TAKE FURTHER NOTICE that on May 12, 2014, the Court entered an Order enjoining and restraining all creditors and claimants of Assignors from commencing or prosecuting any action or proceeding against Assignors and from continuing to prosecute any action or proceeding currently pending against Assignors except for those within this case. Assignors, its agents, directors and officers are enjoined and restrained from transferring, encumbering, or otherwise disposing of any assets of Assignors.

A copy of the Proof of Claim form is enclosed for your convenience.

Dated this 12<sup>th</sup> day of June, 2014.

KERKMAN DUNN SWEET DeMARB  
Attorneys for Receiver

By:   
Rebecca R. DeMarb  
State Bar No. 1026221  
121 S. Pinckney Street, Suite 525  
Madison, WI 53703  
(608) 310-5500

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**PROOF OF CLAIM**

ALL CLAIMS MUST BE FILED BY AUGUST 31, 2014, by mailing to Milwaukee County Circuit Court, Branch 32, 901 North Ninth Street, Room 423SB, Milwaukee, WI 53233. If you file your Claim after August 1, 2014, you must mail it to Milwaukee County Circuit Court, Branch 41, 901 North Ninth Street, Room 401, Milwaukee, WI 53233. You must mail a copy of your claim to the Receiver at 121 South Pinckney Street, Suite 525, Madison, WI 53703.

Creditor/ Claimant Information:

\_\_\_\_\_, of \_\_\_\_\_  
(Name) (Business Name)

Complete Mailing Address \_\_\_\_\_

*deposes and states as follows:*

- Amount of Claim \$ \_\_\_\_\_ Basis for Claim: \_\_\_\_\_
- Date(s) Debt was Incurred: \_\_\_\_\_ Date Judgment Obtained, if any \_\_\_\_\_
- Amount of all payments on this claim that have been credited and deducted for purposes of making this claim, (setoffs): \$ \_\_\_\_\_. In making this claim, creditor has deducted all amounts that creditor owes debtor.
- Claimant does not hold any security, collateral or lien against the assets of Assignor except: \_\_\_\_\_
- Creditor appoints the undersigned attorney, if any, to receive all future notices in this matter.
- All supporting documents such as notes, purchase orders, invoices, statements, contracts, judgments, etc., are attached to this Proof of Claim.
- Name of Party owing money to Creditor \_\_\_\_\_

\_\_\_\_\_  
Creditor's Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Creditor's Attorney

**VERIFICATION:**

Subscribed and sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public: \_\_\_\_\_ (County)

State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Notice of resignation