

FILED

UNITED STATES DISTRICT COURT  
DISTRICT OF CONNECTICUT

2011 SEP 28 A 9:52

U.S. DISTRICT COURT  
NEW HAVEN, CT

SECURITIES AND EXCHANGE COMMISSION,

Plaintiff,

v.

FRANCISCO ILLARRAMENDI, HIGHVIEW  
POINT PARTNERS, LLC and MICHAEL  
KENWOOD CAPITAL MANAGEMENT, LLC,

Defendants.

and

HIGHVIEW POINT MASTER FUND, LTD.,  
HIGHVIEW POINT OFFSHORE, LTD.,  
HIGHVIEW POINT LP, MICHAEL KENWOOD  
ASSET MANAGEMENT, LLC, MK ENERGY  
AND INFRASTRUCTURE, LLC, MKEI SOLAR,  
LP

Relief Defendants.

11-CV-00078 (JBA)

ECF CASE

**ORDER MODIFYING PROOF OF CLAIM FORM APPENDED TO BAR DATE ORDER**

Upon the motion dated September 27, 2011 of John J. Carney, Esq., the Court-appointed receiver (the "Receiver") in the above-captioned case, to amend the proof of claim form set forth in Schedule 1 of this Court's September 23, 2011 order approving the Receiver's Motion to Set Bar Date For Claims Against the Receivership Estate [Docket No. 365] (the "Bar Date Order"), it is hereby:

**ORDERED** that the proof of claim form attached hereto as Schedule 1 (the "Proof of Claim Form") is approved; and it is further

**ORDERED** that the proof of claim form appended to the Bar Date Order is superseded by the Proof of Claim Form attached hereto as Schedule 1.

Dated: September 27, 2011

~~/s/ Janet Bond Arterton, USA~~

THE HONORABLE JANET BOND ARTERTON  
UNITED STATES DISTRICT JUDGE

**PROOF OF CLAIM FORM FOR THE MICHAEL KENWOOD GROUP, ITS AFFILIATED ENTITIES AND FUNDS,  
AND HIGHVIEW POINT PARTNERS, LLC RECEIVERSHIP**

Claimant name: \_\_\_\_\_

Other Entity name(s) (if different from Claimant name): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Social Security Number or Tax ID: \_\_\_\_\_

Contact name (including Counsel): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Indicate entity against which you assert an amount owed by checking the appropriate box below. (Check only one entity per form).

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> The Michael Kenwood Group, LLC          | <input type="checkbox"/> MK Technology, LLC                      | <input type="checkbox"/> TUOL, LLC                         |
| <input type="checkbox"/> Michael Kenwood Capital Management, LLC | <input type="checkbox"/> Michael Kenwood Consulting, LLC         | <input type="checkbox"/> MKCM Merger Sub, LLC              |
| <input type="checkbox"/> Michael Kenwood Asset Management, LLC   | <input type="checkbox"/> MK International Advisory Services, LLC | <input type="checkbox"/> MK Special Opportunity Fund, Ltd. |
| <input type="checkbox"/> MK Energy and Infrastructure, LLC       | <input type="checkbox"/> MKG-Atlantic Investment, LLC            | <input type="checkbox"/> MK Venezuela, Ltd.                |
| <input type="checkbox"/> MKEI Solar, LP                          | <input type="checkbox"/> Michael Kenwood Nuclear Energy, LLC     | <input type="checkbox"/> Short Term Liquidity Fund I, Ltd. |
| <input type="checkbox"/> MK Automotive, LLC                      | <input type="checkbox"/> MyTeart, LLC                            | <input type="checkbox"/> Highview Point Partners, LLC      |
| <input type="checkbox"/> MK Investments, Ltd.                    | <input type="checkbox"/> MK Oil Ventures LLC                     | <input type="checkbox"/> Other: _____ (attach explanation) |
| <input type="checkbox"/> MK Master Investments LP                |  |  |

**1. Claim for money balances:**

- a. The Entity owes me a Credit (Cr.) Balance of \$ \_\_\_\_\_
- b. I owe the Entity a Debit (Dr.) Balance of \$ \_\_\_\_\_

**2. Please check all boxes that apply to you and provide the requested information at the end of this Proof of Claim Form or attach separate sheets:**

- Former Employee.**  
*Former employees of the Michael Kenwood Group, its affiliated entities and funds, and/or Highview Point Partners, LLC who have past due obligations. Please provide all documents evidencing employment.*
- Trade Creditor.**  
*Claimants who did business with the Michael Kenwood Group, its affiliated entities and funds, and/or Highview Point Partners, LLC on credit (including consultants, professionals, contractors, and advisors) and have past due payments. Please provide all documents evidencing such an arrangement.*
- Unsecured Lenders.**  
*Lenders whose loans and other obligations to the Michael Kenwood Group, its affiliated entities and funds, and/or Highview Point Partners, LLC were not secured by collateral. Please explain the nature of the obligations, the facts giving rise to the obligation, and all documents evidencing the same.*
- Secured Lenders.**  
*Lenders whose loans and other obligations to the Michael Kenwood Group, its affiliated entities and funds, and/or Highview Point Partners, LLC were secured by collateral. Please explain the nature of the obligation, the facts giving rise to the obligation, a description of the collateral, and all documents evidencing the same.*
- Fund or Entity Investors.**  
*Claimants who invested money with Michael Kenwood Group, its affiliated entities and funds, and/or Highview Point Partners, LLC and have not been fully reimbursed. Please provide all documents evidencing such an arrangement.*
- Taxing and Other Governmental Authorities.**  
*Federal, state, or local taxing or other governmental authorities to which the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC has an outstanding obligation. Please provide all documents evidencing such obligations.*
- Other.**  
*Please explain the nature of the obligation, the facts giving rise to the obligation, the amount owed, the date the obligation arose, and all documents evidencing the same.*

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your proceeds to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to your claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the entity, proof of wire transfers, etc.) of your deposits of cash or securities with the entity from as far back as you have documentation. You should also provide all documentation or information regarding any withdrawals you have ever made or payments received from the entity.

**DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS PROVIDED TO RECEIVER WILL NOT BE RETURNED AND MAY BE DESTROYED AFTER SCANNING.**

**PROOF OF CLAIM FORM FOR THE MICHAEL KENWOOD GROUP, ITS AFFILIATED ENTITIES AND FUNDS, AND HIGHVIEW POINT PARTNERS, LLC RECEIVERSHIP**

**3. Additional information/questions (If response does not fit in allotted space, please attach additional pages):**

a. List any and all lawsuits or other legal proceedings you have participated in related to these cases. Please provide the name and case number of the lawsuit or proceeding, the name of your attorney, and the filing location.

\_\_\_\_\_  
\_\_\_\_\_

b. If you decided to invest any monies or other items of value with the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC but were unable to actually complete the transaction, please provide any and all information related to such an attempt.

\_\_\_\_\_  
\_\_\_\_\_

c. How did you learn about the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC?

\_\_\_\_\_  
\_\_\_\_\_

d. Did you cause anyone else to deposit funds or invest with the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC? If so, please list their names and contact information.

\_\_\_\_\_  
\_\_\_\_\_

e. Have you ever met personally with the principals of the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC?  NO  YES. If so, please explain and include dates and locations.

\_\_\_\_\_  
\_\_\_\_\_

f. Do you have any written or email correspondence with the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC?  NO  YES. If so, please attach a copy to this form.

\_\_\_\_\_  
\_\_\_\_\_

g. Do you have any information that may assist us in tracing assets of the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC, thereby increasing the return to depositors?  NO  YES. If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

h. Do you have any knowledge of bank accounts, automobiles, land, cash, long term investments, short term investments, or other assets of the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

i. Have you ever worked for the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC?  NO  YES. If so, please explain the nature of employment and provide dates of employment.

\_\_\_\_\_  
\_\_\_\_\_

j. Have you ever been convicted of a crime? If so please explain.

\_\_\_\_\_  
\_\_\_\_\_

k. Are you holding any assets of or traceable to the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC? If so, please explain.

\_\_\_\_\_  
\_\_\_\_\_

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**PROOF OF CLAIM FORM FOR THE MICHAEL KENWOOD GROUP, ITS AFFILIATED ENTITIES AND FUNDS,  
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3. Additional information/questions - continued (if response does not fit in allotted space, please attach additional pages):

l. Are you or were you a director, officer, partner, lender to, or capital contributor of the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC? Please list the dates of involvement, relevant title, and related entity.

\_\_\_\_\_  
\_\_\_\_\_

m. Are you or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management of the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC? Please explain the relationship and provide supporting detail.

\_\_\_\_\_  
\_\_\_\_\_

n. Are you related to, or do you have any business venture with, any of the persons who work or have worked for the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC? If so, please give the names of said relatives or business associates.

\_\_\_\_\_  
\_\_\_\_\_

o. Is this claim being filed by or on behalf of a broker, dealer, or bank? If so, please provide documentation with respect to each public customer on whose behalf you are claiming.

\_\_\_\_\_  
\_\_\_\_\_

p. Are you aware of whether anyone else has filed a claim form related to the amount listed in Item 1? If so, please attach a copy of the form and any documents detailing particulars.

\_\_\_\_\_  
\_\_\_\_\_

q. Are there any other documents or information that you would like to bring to the attention of the Receiver? If so, please attach supporting documents or describe below:

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4. Investments in, loans to, and distributions from the Michael Kenwood Group, its affiliated entities and funds, or Highview Point Partners, LLC. Enter the information requested below for ALL AMOUNTS INVESTED IN, AND RECEIVED FROM THE MICHAEL KENWOOD GROUP, ITS AFFILIATED ENTITIES AND FUNDS, OR HIGHVIEW POINT PARTNERS, LLC (applicable to fund investors and secured lenders only).

Investment/Loan Amount	Investment/Loan Date	Account(s) FROM which Your Investment was made	Account(s) and Name(s) of Person or Entity TO which Your Investment was made
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			

Amount of Monies Returned to You or Amount of Loan and/or Interest Repayment	Date Monies Returned	Account(s) FROM which Monies Were Returned to You	Account(s) TO which Monies Returned to You
\$			
\$			
\$			
\$			
\$			
\$			
\$			
\$			

If you need additional space, please attach additional pages formatted in the same manner as the above tables.

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5. Claimant Signature

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the claim is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet).

All claims must be post marked by December 30, 2011. Please return to the address below:

Michael Kenwood Group Receivership C/O FTI Consulting  
3 Times Square  
New York, NY 10036

You may also submit your claim in PDF format to the following Email Address:

MKGRreceivership@fticonsulting.com

If you would like to receive a proof of receipt, please provide an Email address on the line below:

Email Address: \_\_\_\_\_

For any questions, please leave a message at the telephone number or email address below:

Telephone: 646-485-0566  
Email Address: MKGRreceivership@fticonsulting.com

For updated information, please periodically check the following:

Web Site: www.michaelkenwoodgroupreceivership.com

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