# **EXHIBIT B**

### PROOF OF CLAIM FORM

SECURITIES AND EXCHANGE COMMISSION,
Plaintiff.

V

ARTHUR NADEL, SCOOP CAPITAL, LLC, SCOOP MANAGEMENT, INC.,

Defendants,

SCOOP REAL ESTATE, L.P., VALHALLA INVESTMENT PARTNERS, L.P., VALHALLA MANAGEMENT, INC., VICTORY IRA FUND, LTD., VICTORY FUND, LTD., VIKING IRA FUND, LLC, VIKING FUND, LLC, AND VIKING MANAGEMENT, LLC,

Relief Defendants.

Case Number: 8:09-CV-00087-T-26TBM

U.S. District Court Middle District of

Florida (Tampa Division)

Name and address of Claimant (Please print or type):

Account Name: MMG BANK & TRUST, LID.

Fund Name: VAL

MMG Bank & Trust, Ltd. P.O. Box N-4889 Nassau, The Bahamas

#### ATTENTION:

The Honorable Richard A. Lazzara of the United States District Court, Middle District of Florida, entered Orders appointing Burton W. Wiand as Receiver of SCOOP CAPITAL, LLC; SCOOP MANAGEMENT, INC.; SCOOP REAL ESTATE, L.P.; VALHALLA INVESTMENT PARTNERS, L.P.; VALHALLA MANAGEMENT, INC.; VICTORY FUND. LTD.; VICTORY IRA FUND, LTD.; VIKING IRA FUND, LLC; VIKING FUND, LLC; VIKING MANAGEMENT, LLC; VENICE JET CENTER, LLC; TRADEWIND, LLC; LAUREL MOUNTAIN PRESERVE, LLC; LAUREL PRESERVE, LLC; THE MARGUERITE J. NADEL REVOCABLE TRUST UAD 8/2/07; THE LAUREL MOUNTAIN PRESERVE HOMEOWNERS ASSOCIATION, INC.; THE GUY-NADEL FOUNDATION, INC.; LIME AVENUE ENTERPRISES, LLC; A VICTORIAN GARDEN FLORIST, LLC; VIKING OIL & GAS, LLC; and HOME FRONT HOMES, LLC (individually, "Receivership Entity," and collectively, "Receivership Entities"). On April 21, 2010, the Court issued an Order establishing a Claim Bar Date for all claims and approving this Proof of Claim Form and the basic procedures to administer any claims. In order to be eligible to receive a distribution from the Receivership Entities' assets, you must complete and return this Proof of Claim Form and, if applicable, provide the requested documentation, so that it is received on or before September 2, 2010, to Burton W. Wiand, Receiver, c/o Maya M. Lockwood, Esquire, Wiand Guerra King P.L., 3000 Bayport Drive, Suite 600, Tampa, Florida 33607. The proper filing of this completed claim form may entitle you to receive a distribution from the Receivership. Altered forms will not be accepted.

The information provided in this Proof of Claim Form will be used to calculate your distribution, if any, from the Receivership. The Receiver has the right to dispute and/or verify any information you have provided in order to determine the proper distribution amount, if any, to which you may be entitled. The Receiver further has the right to amend any information he may have provided as to your Net Investment Amount. By identifying and providing a Net Investment Amount for an account the Receiver does not waive any right to (1) deny, contest the validity of, or otherwise object to a claim or (2), if warranted, amend the provided Net Investment Amount.

#### IMPORTANT INFORMATION TO READ PRIOR TO SUBMITTING THIS FORM

ANY PERSON OR ENTITY SUBMITTING THIS PROOF OF CLAIM FORM SUBMITS TO THE EXCLUSIVE JURISDICTION OF THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF FLORIDA FOR ALL PURPOSES, INCLUDING, WITHOUT LIMITATION, AS TO ANY CLAIMS, OBJECTIONS, DEFENSES, OR COUNTERCLAIMS THAT COULD BE OR HAVE BEEN ASSERTED BY THE RECEIVER AGAINST SUCH CLAIMANT OR THE HOLDER OF SUCH CLAIM IN CONNECTION WITH THIS RECEIVERSHIP, INCLUDING THOSE ARISING OUT OF (1) ANY DEALING OR BUSINESS TRANSACTED BY OR WITH ANY RECEIVERSHIP ENTITY OR (2) ANY DEALING OR BUSINESS TRANSACTED THAT RELATES IN ANY WAY TO ANY RECEIVERSHIP PROPERTY. FURTHER, CLAIMANTS WAIVE ANY RIGHT TO A JURY TRIAL WITH RESPECT TO SUCH CLAIMS, OBJECTIONS, DEFENSES, AND COUNTERCLAIMS. IF THIS COMPLETED FORM, SIGNED UNDER PENALTY OF PERJURY, IS NOT RECEIVED BY THE RECEIVER AT THE ABOVE-REFERENCED ADDRESS BY SEPTEMBER 2, 2010, YOU WILL BE FOREVER BARRED FROM ASSERTING ANY CLAIM AGAINST THE RECEIVERSHIP ENTITIES' ASSETS AND YOU WILL NOT BE ELIGIBLE TO RECEIVE ANY DISTRIBUTIONS FROM THE RECEIVER.

Gе	neral Instructions: You must answer each and every question. Please answer each question as fully as possible. If you need additional space to complete an answer, please attach a separate sheet of paper and indicate the number of the question for which you are providing the additional information. If the question does not apply to you, please write "not applicable." Do not write "NA," "N/A" or the like. If the answer to the question is "no" or "none," please answer as such.
1.	Full name of person completing this form. CARLOS E. TROETSCH
2.	If this form is being completed on behalf of a person or entity other than the person listed in question 1, please provide the name of the person or entity with an interest in the Receivership Entities' assets.
	MMG BANK & TRUST, LTD.
3.	If this form is being completed on behalf of an entity, please provide the full name of the entity and all of its trustees, officers, directors, managing agents, shareholders, partners, beneficiaries, and any other party with an interest in the entity.  MMG BANK & TRUST, LTD.
	For names of Directors, Officers and Shareholder See Exhibit #1.
4.	Current address and telephone number of person completing this form.
	MMG Tower, 10th Floor, 53rd Street, Marbella, Panama City, Panama
	P.O. Box 0832-02453
	Phone (507) 265-7600
5.	Current address and telephone number of person or entity with an interest in the Receivership Entities' assets (if different from answer to question 4).
	Suite 102, Saffrey Square, Baystreet & Bank Lane,
	Nassau, The Bahamas
	Phone (242) 323-1195
6.	Provide <u>one</u> mailing address where you (or the person/entity on whose behalf you are acting) authorize the receipt of all future communications relating to this claim, including any possible distribution payment you may receive. It is your responsibility to advise the Receiver of any change to this address after the submission of this form.  MMG BANK & TRUST, LATD.
	P.O. Box N-4889
	Nassau, The Bahamas
7.	Please refer to Exhibit A attached to this document. If sufficient information is available, this Exhibit provides the following information for the identified "account:" (1) the total amount invested; (2) the total amount received; and (3) the Net Investment Amount. If you received funds unrelated to your investment in an "account" (for example, incentive fees), those amounts will also appear in the attached Exhibit. Do the amounts listed in the Exhibit accurately represent the amount of your investment into and all amounts received from that account and any other funds you received from the Receivership Entities? Failure to respond to this question will mean that you agree with the amounts listed in the Exhibit.
	X YesNo.
	If you answered yes, you do not have to respond to questions 8 and 9.

8.	Please provide the follow and attach copies of all of and other documents re	ving information regarding your checks, bank or other financial lating to your answer:	investment in or with, or account statements, inv	interest in, any oices, wire tra	y Receivership Ent ansfer confirmation	ity, ns,
1	<sup>st</sup> investment in or with th	e Receivership Entities:			•	
	totaled \$					
	was made on	(date);				
	through a check (or wire transfer) made payable to			and drawn on account number		
		with	(identify	financial	institution);	for
		(identify the purported	fund or other entity throu	ugh which you	r investment in or w	/ith
	the Receivership Ent	ities was made).				
	• •	nent in or with the Receivership	o Entities:			
	totaled \$	,-				
	was made on					
	· ·	vire transfer) made payable to				
		with		(identify fina	ncial institution);	for
		ugh which you	r investment in or w	vith		
	the Receivership Ent	ities was made).				
9.	Total amount you are a Have you ever received any other reason? amount received, and	ing the account, and (5) the pure Entities was made.  claiming you invested in the lany amount from a Receivers Yes No. attach copies of all checks, but documents relating to your a	Receivership Entities hip Entity, either as a di f yes, please provide to	: \$stribution on y	vour investment or information for ea	for ach
	Date	Amount		Payee of chec	k/ <u>wire</u>	
	A					
	В.					
	C					
10.	those amounts, the date  Total amount you are  Was any deposit into  Yes No.	ts were received from any Reces on which they were received claiming you received from to this account transferred from the figure of the second that were transferred that were transferred the control of the funds were transferred that were transferred to the transferred that were transferred to the transferred transferred that were transferred to the transferred transferre	, and the payor and payon the Receivership Entity from any other account tate of any such trans	ee of the chec ies: \$ nt with any l sfer(s), the a	ck(s) or wire transfe Receivership Enticcount name(s) a	ers. ity?

11.	Was your investment funded in any part with an investment in or funds received or transferred from any "investment club" operated by Arthur Nadel, such as Harmony Investment Club, Indigo Investment Club, or Traders Investment Club?  Yes No.
	If you answered yes, please identify with specificity the funds received or transferred, the date of any such transfer, and the name of the investment club from which the funds originated.
12.	Have you filed or otherwise commenced any lawsuits, arbitrations, actions, or other proceedings; or made any demands against any person or entity, relating in any way to your investment in or with any Receivership Entity, including against (i) financial institutions; (ii) employees, officers, directors, representatives, other investors, or shareholders of any Receivership Entity; (iii) brokers or agents; or (iv) any other person or entity?
	Yes X No.  If you answered yes, please identify with specificity the nature and status of any lawsuits, arbitrations, actions, other proceedings or demands that you have filed, made or otherwise commenced. Please include the name of the attorney and/or firm who commenced any such proceeding or made any such demand on your behalf.
13.	If you were not an investor in a Receivership Entity, state how you claim an interest in any distribution by the Receivership Entities (for example, if you are the beneficiary of a deceased investor, the investment was assigned or sold to you, or you provided services or goods to the Receivership Entities for which you have not been paid).  NOT APPLICABLE
14.	Did you receive anything of value other than money from any Receivership Entity at any point in time (for example, fax machines, shares of stock)? Yes X_ No. If yes, please identify what you received, from whom, and the date on which you received it.
15.	Identify your primary contact person(s) at the Receivership Entities.  Mr. Andrew Martin
16.	List any other employees or other representatives of any Receivership Entity or anyone else associated with a Receivership Entity, including any accountant (such as Michael Zucker), lawyer (such as lawyers associated with Holland & Knight LLP), or investment or trading representative (such as anyone associated with Shoreline Group, LLC) with whom you communicated or dealt.
	Page 4 of 5

made by that person, any documents provided by that person, meetings you had with the representative(s) of the Receivership Entities, information that you relied on, and any other information.  The investment was made by the advised from OPENWORLD INVESTMENT, a private advisor.  The investment was made based on the advise of the advisor.
The investment was made based on the advise of the advisor.
Please submit this completed and signed, under penalty of perjury, Proof of Claim Form and legible copies of any documentation requested in this form to Burton W. Wiand, Receiver, c/o Maya M. Lockwood., Esquire, Wiand,
Guerra King P.L., 3000 Bayport Drive, Suite 600, Tampa, Florida 33607 SO THAT IT IS RECEIVED NO LATER
THAN SEPTEMBER 2, 2010.
IF YOU DO NOT AGREE WITH ANY AMOUNTS PROVIDED ON EXHIBIT A OR NO AMOUNTS WERE PROVIDED ON EXHIBIT A, YOU MUST PROVIDE ALL DOCUMENTS OR OTHER MATERIAL THAT IS RELATED IN ANY WAY
TO YOUR INVESTMENT IN THE RECEIVERSHIP ENTITIES, OR, IF YOU ARE NOT AN INVESTOR, TO YOUR
CLAIM AGAINST A RECEIVERSHIP ENTITY, INCLUDING COPIES OF YOUR CANCELLED CHECKS, BANK OF OTHER FINANCIAL ACCOUNT STATEMENTS SHOWING THE TRANSFER OF FUNDS INVESTED AND RECEIVED
STATEMENTS FROM THE RECEIVERSHIP ENTITIES, WIRE TRANSFER CONFIRMATIONS, AND ANY OTHER
DOCUMENTS REGARDING YOUR CLAIM(S).
Sign, date, print your name and title, if any.
By signing below, I certify under penalty of perjury pursuant to 28 U.S.C. § 1746 which forms part of the laws o
the United States of America that the information provided in this form is true and correct.
Sign:
Print Name: CARLOS E. TROETSCH
Date: August 31, 2010
Title:
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- The state of the

#### **EXHIBIT A**

**Account Name:** 

MMG Bank & Trust, Ltd

Fund Name:

VAL

Amount Invested: \$805.000.00

Total Payments: \$500,000.00

Net Investment Amount: \$305,000.00

THE RECEIVER HAS PROVIDED THE ABOVE INFORMATION BASED UPON DOCUMENTS AVAILABLE TO HIM. THESE FIGURES ARE BELIEVED TO BE ACCURATE AND REASONABLE CONCLUSIONS. PLEASE CAREFULLY REVIEW THE ABOVE AMOUNTS. IF THE NUMBERS PROVIDED ARE NOT CONSISTENT WITH YOUR RECORDS, IT IS YOUR OBLIGATION TO PROVIDE TRUE AND CORRECT INFORMATION TO THE RECEIVER. IF YOU CONFIRM THAT THE ABOVE AMOUNTS ACCURATELY REPRESENT THE AMOUNT INVESTED INTO AND ALL AMOUNTS RECEIVED FROM THE ABOVE-NAMED ACCOUNT AND ANY OTHER FUNDS YOU RECEIVED FROM THE RECEIVERSHIP ENTITIES, YOU ARE DOING SO UNDER PENALTY OF PERJURY.

BY IDENTIFYING AND PROVIDING THE ABOVE FIGURES, THE RECEIVER DOES NOT WAIVE ANY RIGHT TO (1) DENY, CONTEST THE VALIDITY OF, OR OTHERWISE OBJECT TO A CLAIM OR, (2) IF WARRANTED, AMEND ANY OF THE PROVIDED FIGURES.

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## EXHIBIT 1 / QUESTION #3 / PROOF OF CLAIM FORM

Name	Position
1. Eduardo Morgan Jr.	Director/President
2. Luis R. Valleé	Director/Treasurer
3. Jorge E. Morgan	Director Secretary
4. Mario A. De Diego	Director
5. Luis A. Hincapié	Director/ Assistant Secretary
6. Rogelio Tribaldos	Director
7. Carlos E. Troetsch	Director
8. Jorge Luis Reyes	Director
10. Roberto Lewis	Director
11. José Castañeda	Independent Director
12. Andre J. Rahming	Resident Non-Executive Director

**Shareholder:** MMG Bank Corporation, a bank entity organized and existing under the laws of Panama.





MMG BANK & TRUST LTD.

Suite 102, Saffrey Square
Bay Street & Bank Lane
P. O. Box N-4889
Nassau, The Bahamas
Tel. (1) 242 323 1195
Fax: (1) 242 323 2619
www.mmgbank.com

Panama, August 31, 2010

Burton W. Wiand, Receiver c/o Maya M. Lockwood, Esquire WIAND GUERRA KING P.L. 3000 Bayport Drive Suite 600 Tampa, FL 33607 USA



Dear Sirs:

Enclosed please find proof of claim regarding the investment made by MMG Bank & Trust,

LTD. in Valhalla Investment Partners, L.P.

Without further comments,

Best Regards,

MMG Bank & trust, Ltd.

Carlos E. Troetsch Authorized Director