

Fill in this information to identify the case:**Debtor name:** Onyx Owner, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 24-12816☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)**1a. Real property:**

Copy line 88 from Schedule A/B

UNDETERMINED

1b. Total personal property:

Copy line 91A from Schedule A/B

\$1,635,132.01

1c. Total of all property:

Copy line 92 from Schedule A/B

\$1,635,132.01

Part 2: Summary of Liabilities**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D

\$48,507,957.80

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of Schedule E/F

\$71,985.56

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F

+ \$1,295,968.01

4. Total liabilities

Lines 2 + 3a + 3b

\$49,875,911.37

Fill in this information to identify the case:**Debtor name:** Onyx Owner, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 24-12816☐ Check if this is an amended filingOfficial Form 206A/B**Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**☐ No. Go to Part 2.☒ Yes. Fill in the information below**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand**2.1.¹ P-CARD

UNKNOWN

¹THIS INFORMATION MAY BE IN THE POSSESSION OF A FORMER PROPERTY MANAGEMENT COMPANY AND IS NOT CURRENTLY AVAILABLE TO THE DEBTOR.

3. Checking, savings, money market, or financial brokerage accounts (Identify all)

	Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1.	BANK OF AMERICA PROPERTY OPERATIONS	CHECKING	1523	\$172,774.70
3.2.	BANK OF AMERICA SECURITY DEPOSITS	CHECKING	1536	\$301.72

4. Other cash equivalents (Identify all)

	Description	Name of institution	Type of account	Last 4 digits of account number	Current value of debtor's interest
4.1. ¹	INTEREST RESERVE				UNKNOWN

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Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****5. Total of part 1**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$173,076.42

Part 2: Deposits and prepayments**6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
- ☒ Yes. Fill in the information below

7. Deposits, including security deposits and utility deposits

Description, including name of holder of deposit

Current value of debtor's interest

7.1. ESCROW DEPOSITS

\$100,114.28

CONNECTICUT GENERAL LIFE INSURANCE COMPANY / CIGNA

7.2. RETAINER BALANCE

\$23,257.50

MORRIS, NICHOLS, ARSHT AND TUNNELL LLP

7.3.¹ UTILITY DEPOSITS

UNKNOWN

VARIOUS

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Description, including name of holder of prepayment

Current value of debtor's interest

8.1.¹ TAXES

\$188,817.94

BUSINESS IMPROVEMENT DISTRICT TAX

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Add lines 7 through 8. Copy the total to line 81.

\$312,189.72

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

11. Accounts receivable

Face amount

Doubtful or uncollectible accounts

11a. 90 days old or less: \$242,317.01 - \$0.00 = → \$242,317.01

Face amount

Doubtful or uncollectible accounts

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

11b. Over 90 days old: \$333,385.33 - \$0.00 = → \$333,385.33

12. Total of part 3

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$575,702.34

Part 4: Investments**13. Does the debtor own any investments?**

- ☒ No. Go to Part 5.
- ☐ Yes. Fill in the information below.

Valuation method used
for current valueCurrent value of
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock

14.1. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity % of ownership

15.1. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe

16.1. _____ \$ _____

17. Total of part 4

Add lines 14 through 16. Copy the total to line 83.

\$0.00

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description

Date of the last
physical inventoryNet book value of
debtor's interest
(Where available)Valuation method used
for current valueCurrent value of
debtor's interest**19. Raw materials**

19.1. _____ \$ _____

20. Work in progress

20.1. _____ \$ _____

21. Finished goods, including goods held for resale

21.1. _____ \$ _____

22. Other inventory or supplies

22.1. _____ \$ _____

23. Total of part 5

Add lines 19 through 22. Copy the total to line 84.

\$0.00

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****24. Is any of the property listed in Part 5 perishable?**

- ☐ No
☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes Book value: \$_____ Valuation method: _____ Current value: \$_____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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28. Crops—either planted or harvested

28.1. _____ \$_____ _____ \$_____

29. Farm animals. Examples: Livestock, poultry, farm-raised fish

29.1. _____ \$_____ _____ \$_____

30. Farm machinery and equipment (Other than titled motor vehicles)

30.1. _____ \$_____ _____ \$_____

31. Farm and fishing supplies, chemicals, and feed

31.1. _____ \$_____ _____ \$_____

32. Other farming and fishing-related property not already listed in Part 6

32.1. _____ \$_____ _____ \$_____

33. Total of part 6

Add lines 28 through 32. Copy the total to line 85.

\$0.00

34. Is the debtor a member of an agricultural cooperative?

- ☐ No
☐ Yes. Is any of the debtor's property stored at the cooperative?
☐ No
☐ Yes

35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
☐ Yes Book value: \$_____ Valuation method: _____ Current value: \$_____

36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☐ No
☐ Yes

37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☐ No
☐ Yes

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****Part 7: Office furniture, fixtures, and equipment; and collectibles****38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture			
39.1. _____	\$ _____	_____	\$ _____
40. Office fixtures			
40.1. _____	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software			
	Net book value of debtor's interest	Valuation method used for current value	Current value of debtor's interest
41.1. LEASED COPIER	UNDETERMINED	_____	UNDETERMINED
41.2. OFFICE COMPUTER AND TELECOMMUNICATIONS EQUIPMENT	UNDETERMINED	_____	UNDETERMINED
42. Collectibles. Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1. _____	\$ _____	_____	\$ _____
43. Total of part 7			
Add lines 39 through 42. Copy the total to line 86.			UNDETERMINED

44. Is a depreciation schedule available for any of the property listed in Part 7?

- ☒ No
- ☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1. _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories. Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1. _____	\$ _____	_____	\$ _____

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****49. Aircraft and accessories**

49.1. _____ \$ _____ \$ _____

50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

50.1. APPLIANCES FOR RESIDENTIAL UNITS (INCLUDING, BUT NOT LIMITED TO, WASHERS, DRYERS, OVENS, STOVETOPS, DISH WASHERS, MICROWAVES, AND REFRIDGERATORS) UNDETERMINED _____ UNDETERMINED

50.2. COMMON AREA FURNITURE AND GRILLS UNDETERMINED _____ UNDETERMINED

50.3. FITNESS CENTER EQUIPMENT UNDETERMINED _____ UNDETERMINED

50.4. HVAC SYSTEM UNDETERMINED _____ UNDETERMINED

50.5. BOILER UNDETERMINED _____ UNDETERMINED

51. Total of part 8

Add lines 47 through 50. Copy the total to line 87.

UNDETERMINED

52. Is a depreciation schedule available for any of the property listed in Part 8?☒ No☐ Yes**53. Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property****54. Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes. Fill in the information below.**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest****55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

55.1. 0743-N-0076 LEASEHOLD \$11,686,537.00 _____ UNDETERMINED

REAL PROPERTY GROUND LEASE

1100 1ST STREET S.E.
WASHINGTON DC 20003

55.2. _____ LEASEHOLD UNDETERMINED _____ UNDETERMINED

REAL PROPERTY GROUND LEASE
IMPROVEMENTS1100 1ST STREET S.E.
WASHINGTON DC 20003

55.3. 0743-N-0076 OWNERSHIP OF \$35,901,000.00 _____ UNDETERMINED

REAL PROPERTY - RESIDENTIAL 266 UNIT
APARTMENT COMPLEXONYX ON FIRST
1100 1ST STREET S.E.
WASHINGTON DC 20003

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****56. Total of part 9**

Add the current value on lines 55. Copy the total to line 88.

UNDETERMINED

57. Is a depreciation schedule available for any of the property listed in Part 9?☒ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes. Fill in the information below.

General description		Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets				
60.1.		\$		\$
61. Internet domain names and websites				
		Net book value of debtor's interest	Valuation method	Current value of debtor's interest
61.1.		\$		\$
62. Licenses, franchises, and royalties				
62.1.	DC BUSINESS LICENSE (APARTMENT) 500118000305	UNDETERMINED		UNDETERMINED
62.2.	DC BUSINESS LICENSE (SWIMMING POOL) 921119000010	UNDETERMINED		UNDETERMINED
63. Customer lists, mailing lists, or other compilations				
63.1.		\$		\$
64. Other intangibles, or intellectual property				
64.1.		\$		\$
65. Goodwill				
65.1.		\$		\$

66. Total of part 10

Add lines 60 through 65. Copy the total to line 89.

UNDETERMINED

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?☒ No☐ Yes**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes**69. Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****Part 11: All other assets****70. Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest**71. Notes receivable**

	Description (include name of obligor)	Total face amount	Doubtful or uncollectible amount	Current value of debtor's interest
71.1. ¹	NOTE RECEIVABLE UNKNOWN	UNKNOWN	- \$ _____ = →	UNKNOWN

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72. Tax refunds and unused net operating losses (NOLs)

	Description (for example, federal, state, local)	Tax refund amount	NOL amount	Tax year	Current value of debtor's interest
72.1.	_____	\$ _____	\$ _____	_____	\$ _____

73. Interests in insurance policies or annuities

	Insurance company	Insurance policy No.	Annuity issuer name	Annuity account type	Annuity account No.	Current value of debtor's interest
73.1.	LIBERTY MUTUAL INSURANCE COMPANY	COMMERCIAL PROPERTY INSURANCE - POLICY NO. YACL9L477212014	_____	_____	_____	UNDETERMINED
73.2.	UNITED SPECIALTY INSURANCE COMPANY	GENERAL LIABILITY INSURANCE - POLICY NO. FXZ0005042400	_____	_____	_____	UNDETERMINED
73.3.	ARCH SPECIALTY INSURANCE COMPANY	EXCESS LIABILITY INSURANCE - LEAD - POLICY NO. UXP1051442-01	_____	_____	_____	UNDETERMINED
73.4.	VANTAGE RISK SPECIALTY INSURANCE COMPANY	EXCESS LIABILITY INSURANCE - LAYER 1 - POLICY NO. P03XC0000049131	_____	_____	_____	UNDETERMINED
73.5.	FALLS LAKE FIRE & CASUALTY COMPANY	EXCESS LIABILITY INSURANCE - LAYER 2 - POLICY NO. PSXFF230019000	_____	_____	_____	UNDETERMINED

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

73.6.	TEXAS INSURANCE COMPANY	EXCESS LIABILITY INSURANCE - LAYER 3 - POLICY NO. JTI24XANN037661	_____	_____	_____	UNDETERMINED
73.7.	ENDURANCE AMERICAN INSURANCE COMPANY	EXCESS LIABILITY INSURANCE - LAYER 4 - POLICY NO. ELD30050286901	_____	_____	_____	UNDETERMINED
73.8.	LANDMARK AMERICAN INS CO	PROPERTY INSURANCE - POLICY # TO BE DETERMINED	_____	_____	_____	UNDETERMINED

74. Causes of action against third parties (whether or not a lawsuit has been filed)

		Nature of claim	Amount requested	Current value of debtor's interest
74.1.	UNFILED CLAIMS AGAINST UIP PROPERTY MANAGEMENT, INC. AND ITS AFFILIATES	UNKNOWN	UNKNOWN	UNKNOWN
74.2.	ONYX OWNER, LLC V. MELISSA PLEDGER CASE NO. 2023-LTB-008402 (D.C. SUP. CT.)	LANDLORD- TENANT	POSSESSION OF PROPERTY & FUTURE RENTS TO BE PAID INTO COURT REGISTRY	\$51,374.09
74.3.	ABDULLINA, VALENTYNA	LANDLORD- TENANT	\$15.00	\$15.00
74.4.	ADAMS, MALIYAH	LANDLORD- TENANT	\$3,693.79	\$3,693.79
74.5.	BARBER, NICOLE	LANDLORD- TENANT	\$1,406.11	\$1,406.11
74.6.	BARRETT, ELSIE	LANDLORD- TENANT	\$690.42	\$690.42
74.7.	BOZEMAN, HARRIETT	LANDLORD- TENANT	\$1,211.26	\$1,211.26
74.8.	BRITO, EDGAR STEVEN	LANDLORD- TENANT	\$12,218.57	\$12,218.57
74.9.	BURCH, SYDNEY	LANDLORD- TENANT	\$13,488.66	\$13,488.66
74.10.	BUTLER, LENA	LANDLORD- TENANT	\$6,825.28	\$6,825.28
74.11.	CANADA, VIOLA	LANDLORD- TENANT	\$34,610.77	\$34,610.77
74.12.	CANTY, LADARYL	LANDLORD- TENANT	\$1,331.73	\$1,331.73
74.13.	CARASCO, DANIEL	LANDLORD- TENANT	\$12,939.83	\$12,939.83
74.14.	CHAMBERLIN, JOHN	LANDLORD- TENANT	\$26,895.35	\$26,895.35
74.15.	COAST UFELI, MO	LANDLORD- TENANT	\$372.22	\$372.22
74.16.	COLLINS, SEAN DAVID	LANDLORD- TENANT	\$75.56	\$75.56
74.17.	CURTIS, OLIVIA	LANDLORD- TENANT	\$2,642.77	\$2,642.77
74.18.	CURTISS, JASMINE	LANDLORD- TENANT	\$432.45	\$432.45
74.19.	DAVIS, KELLY	LANDLORD- TENANT	\$1,718.69	\$1,718.69
74.20.	DIXON, PORSHA	LANDLORD- TENANT	\$1,603.47	\$1,603.47
74.21.	EATMON, JOSEPHINE	LANDLORD- TENANT	\$5,708.07	\$5,708.07
74.22.	EAVES-GOFF, CAROLYN	LANDLORD- TENANT	\$2,937.65	\$2,937.65
74.23.	EGESI, TOCHUKWU	LANDLORD- TENANT	\$49,929.75	\$49,929.75

Debtor	Onyx Owner, LLC		Case number (if known) 24-12816	
74.24.	FERRELL ZABALA, FERNANDA DE LOS ANGELES	LANDLORD- TENANT	\$100.00	\$100.00
74.25.	FLETCHER, JASHAY	LANDLORD- TENANT	\$236.77	\$236.77
74.26.	FLYNN, YAKIRA	LANDLORD- TENANT	\$3,059.02	\$3,059.02
74.27.	GORDON, LAREESE	LANDLORD- TENANT	\$1,236.85	\$1,236.85
74.28.	GRANT, ANNIE	LANDLORD- TENANT	\$1,260.48	\$1,260.48
74.29.	GRAY, NECHELLE	LANDLORD- TENANT	\$1,958.95	\$1,958.95
74.30.	GRAYTON, DARRYL	LANDLORD- TENANT	\$338.30	\$338.30
74.31.	GREEN, LEVOTIE	LANDLORD- TENANT	\$2,135.87	\$2,135.87
74.32.	HALEY, DONALD	LANDLORD- TENANT	\$3,145.44	\$3,145.44
74.33.	HALL, AVERY	LANDLORD- TENANT	\$8,111.50	\$8,111.50
74.34.	HARLING, ANTHONY	LANDLORD- TENANT	\$180.03	\$180.03
74.35.	HARRIS, DIANNE	LANDLORD- TENANT	\$412.35	\$412.35
74.36.	HILLARD, BRIA	LANDLORD- TENANT	\$2,032.55	\$2,032.55
74.37.	HOLMAN, SABRINA	LANDLORD- TENANT	\$16,962.74	\$16,962.74
74.38.	HOLTON, STERLING	LANDLORD- TENANT	\$828.66	\$828.66
74.39.	HOOKS, LONDON	LANDLORD- TENANT	\$1,170.50	\$1,170.50
74.40.	JIMENEZ, PEDRO	LANDLORD- TENANT	\$244.60	\$244.60
74.41.	JOHNSON JR, LLOYD	LANDLORD- TENANT	\$3,607.53	\$3,607.53
74.42.	JOHNSON, EDWARD	LANDLORD- TENANT	\$5,026.93	\$5,026.93
74.43.	JOHNSON, SASHA	LANDLORD- TENANT	\$1,902.54	\$1,902.54
74.44.	KNEPP, BRANDON	LANDLORD- TENANT	\$5,864.39	\$5,864.39
74.45.	MARROW, SHARONDA	LANDLORD- TENANT	\$25,526.42	\$25,526.42
74.46.	MILFORT, BARBARA	LANDLORD- TENANT	\$26,480.39	\$26,480.39
74.47.	MOORE, ELIZABETH	LANDLORD- TENANT	\$1,418.86	\$1,418.86
74.48.	MORRIS, CARRIE	LANDLORD- TENANT	\$1,926.97	\$1,926.97
74.49.	MORRIS, SHANICE	LANDLORD- TENANT	\$27,528.55	\$27,528.55
74.50.	NIESET, BROOKE	LANDLORD- TENANT	\$20.32	\$20.32
74.51.	OBRIEN, BRANDON	LANDLORD- TENANT	\$90.00	\$90.00
74.52.	OBRIEN, BRANDON LEE	LANDLORD- TENANT	\$12,828.92	\$12,828.92
74.53.	PATRICK, ARIONNA	LANDLORD- TENANT	\$12,155.70	\$12,155.70
74.54.	PICKETT, LAVERNE	LANDLORD- TENANT	\$8,646.48	\$8,646.48
74.55.	PLASTER, MORGAN	LANDLORD- TENANT	\$15.00	\$15.00
74.56.	PORTER, CAMERON	LANDLORD- TENANT	\$27,135.05	\$27,135.05
74.57.	REED, TAHIRAH	LANDLORD- TENANT	\$1,979.41	\$1,979.41
74.58.	RENFORD, STACIA	LANDLORD- TENANT	\$9,977.83	\$9,977.83
74.59.	ROBERTS, JAMIE	LANDLORD- TENANT	\$15.00	\$15.00
74.60.	ROBINSON, ANDRE	LANDLORD- TENANT	\$5,194.06	\$5,194.06
74.61.	ROBINSON-COOK, LATASHA	LANDLORD- TENANT	\$1,675.25	\$1,675.25
74.62.	ROGERS, NICHELLE	LANDLORD- TENANT	\$4,872.01	\$4,872.01
74.63.	SMITH, SARA	LANDLORD- TENANT	\$102.32	\$102.32

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74.64.	SOTOMAYOR, ROBERTO	LANDLORD- TENANT	\$2,020.00	\$2,020.00
74.65.	SOWERS, SCOTT	LANDLORD- TENANT	\$431.58	\$431.58
74.66.	SPENCER, YOLANDA	LANDLORD- TENANT	\$2,939.94	\$2,939.94
74.67.	STEWART, SHANIAH	LANDLORD- TENANT	\$26,849.63	\$26,849.63
74.68.	SUGGS, DAVID	LANDLORD- TENANT	\$148.53	\$148.53
74.69.	SUGGS, PERRY	LANDLORD- TENANT	\$1,134.69	\$1,134.69
74.70.	SWEATT, CAROLETTE	LANDLORD- TENANT	\$661.76	\$661.76
74.71.	TAYLOR, ALEATHIA	LANDLORD- TENANT	\$1,775.88	\$1,775.88
74.72.	TAYLOR, MOENEISHA	LANDLORD- TENANT	\$1,986.00	\$1,986.00
74.73.	TERRY, BERNARD	LANDLORD- TENANT	\$262.55	\$262.55
74.74.	TURNER, KATELYNN	LANDLORD- TENANT	\$5,088.06	\$5,088.06
74.75.	TUTT, FREDTONYA	LANDLORD- TENANT	\$21,119.46	\$21,119.46
74.76.	VALDES, MARITZA	LANDLORD- TENANT	\$90.00	\$90.00
74.77.	WALTERS, KATHELIA	LANDLORD- TENANT	\$3,914.06	\$3,914.06
74.78.	WANG, WILLIAM	LANDLORD- TENANT	\$2,699.01	\$2,699.01
74.79.	WHITE, BIANCA	LANDLORD- TENANT	\$7,707.42	\$7,707.42
74.80.	WILLARD, MARK CALEB	LANDLORD- TENANT	\$102.80	\$102.80
74.81.	WILLIAMS, ALONZO	LANDLORD- TENANT	\$5,638.68	\$5,638.68
74.82.	WILLIS, LASHON	LANDLORD- TENANT	\$5,379.88	\$5,379.88
74.83.	WILSON, TRECOLIA	LANDLORD- TENANT	\$24,590.70	\$24,590.70
74.84.	WOLDEYESUS, LEMLEM	LANDLORD- TENANT	\$96.87	\$96.87

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

	Nature of claim	Amount requested	Current value of debtor's interest
75.1.	_____	\$ _____	\$ _____

76. Trusts, equitable or future interests in property

76.1.	_____	\$ _____
-------	-------	----------

77. Other property of any kind not already listed

Examples: Season tickets, country club membership

77.1.	_____	\$ _____
-------	-------	----------

78. Total of part 11

Add lines 71 through 77. Copy the total to line 90.

\$574,163.53

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No

☐ Yes

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$173,076.42	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$312,189.72	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$575,702.34	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	UNDETERMINED	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	UNDETERMINED	
88. Real property. <i>Copy line 56, Part 9.</i>	→	UNDETERMINED
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	UNDETERMINED	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$574,163.53	
91. Total. Add lines 80 through 90 for each column.91a.	\$1,635,132.01	+ 91b. UNDETERMINED
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$1,635,132.01

Fill in this information to identify the case:

Debtor name: Onyx Owner, LLC

United States Bankruptcy Court for the: District of Delaware

Case number (if known): 24-12816

☐ Check if this is an
amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****Column A
Amount of
Claim**Do not deduct
the value of
collateral.**Column B
Value of
collateral that
supports this
claim****2.1. Creditor's name and address**

CONNECTICUT GENERAL LIFE
INSURANCE COMPANY
CIGNA INVESTMENTS INC
REAL ESTATE LAW
900 COTTAGE GROVE RD A5LGL
WILDE BLDG
BLOOMFIELD CT 06002

Creditor's email address, if known**Date debt was incurred:** 5/14/2021**Last 4 digits of account number:****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Have you already specified the relative priority?☐ No. Specify each creditor, including this creditor, and its relative priority.☐ Yes. The relative priority of creditors is specified on lines: _____**Describe debtor's property that is subject to a lien**

DEBTOR'S LEASEHOLD INTEREST IN REAL PROPERTY COMMONLY KNOWN AS "ONYX ON FIRST" AND LOCATED AT 1100 1ST STREET, S.E., WASHINGTON D.C., AS MORE FULLY DESCRIBED IN THE LEASEHOLD DEED OF TRUST, SECURITY AGREEMENT, ASSIGNMENT OF RENTS, AND FIXTURE FILINGS, TOGETHER WITH, AMONG OTHER THINGS, ALL BUILDINGS AND OTHER IMPROVEMENTS THEREON, INSURANCE PROCEEDS, FIXTURES, MACHINERY, EQUIPMENT, BOOKS, RECORDS, CONTRACTS, CONTRACTS FOR SALE OR LEASE, BANK ACCOUNTS, CONTRACT RIGHTS, GENERAL INTANGIBLES, DOCUMENTS, INSTRUMENTS, LETTERS OF CREDIT, CHATTEL PAPER AND PROCEEDS OF ANY OF THE FOREGOING.

\$48,507,957.80

UNDETERMINED

Describe the lien

LEASEHOLD DEED OF TRUST, SECURITY AGREEMENT, ASSIGNMENT OF RENTS, AND FIXTURE FILINGS - DOCUMENT # 2021066981 RECORDED DISTRICT OF COLUMBIA; AND ASSIGNMENT OF RENTS AND LEASES - DOCUMENT # 2021066982 RECORDED DISTRICT OF COLUMBIA

Is the creditor an insider or related party?☒ No☐ Yes**Is anyone else liable on this claim?**☐ No☒ Yes. Fill out Schedule H: Codebtors (Official Form 206H).**As of the petition filing date, the claim is:**
Check all that apply.☐ Contingent☐ Unliquidated☐ Disputed**3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.**

\$48,507,957.80

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

	Name and address	On which line in Part 1 did you enter the related creditor?	Last 4 digits of account number for this entity
3.1.	CIGNA MIDLAND LOAN SERVICING A PNC REAL ESTATE BUSINESS PO BOX 25965 SHAWNEE MISSION KS 66225-5965	Line 2.1	_____
3.2.	KELLEY DRYE & WARREN LLP JASON R ADAMS; ANDRES BARAJAS; KAREN E. FULTON 3 WORLD TRADE CENTER 175 GREENWICH ST. NEW YORK NY 10007	Line 2.1	_____
3.3.	MIDLAND LOAN SVC JR RASSETTE PORTFOLIO MANAGER 10851 MASTIN STE 700 BLDG 82 CORPORATE WOODS OVERLAND PARK KS 66210	Line 2.1	_____
3.4.	SAFEHOLD/1100 1ST ST. GROUND OWNER COZEN O'CONNOR JOHN T. CARROLL III 1201 NORTH MARKET STREET SUITE 1001 WILMINGTON DE 19801	Line 2.1	_____
3.5.	WOMBLE BOND DICKINSON (US) LLP MATTHEW P WARD; MARCY J MCLAUGHLIN SMITH 1313 NORTH MARKET ST.,STE 1200 STE 1200 WILMINGTON DE 19801	Line 2.1	_____

Fill in this information to identify the case:**Debtor name:** Onyx Owner, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 24-12816☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1. Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
ABDULLINA, VALENTYNA 1100 1ST STREET S.E. WASHINGTON DC 20003	<i>Check all that apply.</i>	\$500.00	\$500.00
	<input checked="" type="checkbox"/> Contingent		Nonpriority amount
	<input type="checkbox"/> Unliquidated		\$0.00
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:		
11/4/2024	RESIDENTIAL SECURITY DEPOSITS		
Last 4 digits of account number:	Is the claim subject to offset?		
	<input type="checkbox"/> No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> Yes		
2.2. Priority creditor's name and mailing address	As of the petition filing date, the claim is:	Total claim	Priority amount
ADAMS, MALIYAH 1100 1ST STREET S.E. WASHINGTON DC 20003	<i>Check all that apply.</i>	\$500.00	\$500.00
	<input checked="" type="checkbox"/> Contingent		Nonpriority amount
	<input type="checkbox"/> Unliquidated		\$0.00
	<input type="checkbox"/> Disputed		
Date or dates debt was incurred	Basis for the claim:		
1/25/2024	RESIDENTIAL SECURITY DEPOSITS		
Last 4 digits of account number:	Is the claim subject to offset?		
	<input type="checkbox"/> No		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	<input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.3.	Priority creditor's name and mailing address ALLEN, JOHN 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 10/23/2015 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$300.00</td></tr></table>	Total claim	\$300.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$300.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$300.00	Nonpriority amount	\$0.00
Total claim										
\$300.00										
Priority amount										
\$300.00										
Nonpriority amount										
\$0.00										
2.4.	Priority creditor's name and mailing address ANDERSON, AIDAN ;MICHAEL ANDERSON ADDRESS UNKNOWN Date or dates debt was incurred 12/4/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$127.54</td></tr></table>	Total claim	\$127.54	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$127.54</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$127.54	Nonpriority amount	\$0.00
Total claim										
\$127.54										
Priority amount										
\$127.54										
Nonpriority amount										
\$0.00										
2.5.	Priority creditor's name and mailing address BALL, KENNETH 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 11/15/2021 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$496.70</td></tr></table>	Total claim	\$496.70	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$496.70</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$496.70	Nonpriority amount	\$0.00
Total claim										
\$496.70										
Priority amount										
\$496.70										
Nonpriority amount										
\$0.00										

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.6.	Priority creditor's name and mailing address BECERRA, HOSKMAN GRANADOS ADDRESS UNKNOWN Date or dates debt was incurred 12/19/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$500.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.7.	Priority creditor's name and mailing address BLACKWELL, KIERRA 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 10/23/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$2,009.00</td> </tr> </table>	Total claim	\$2,009.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$2,009.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$2,009.00	Nonpriority amount	\$0.00
Total claim										
\$2,009.00										
Priority amount										
\$2,009.00										
Nonpriority amount										
\$0.00										
2.8.	Priority creditor's name and mailing address BOZEMAN, HARRIETT 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 1/10/2014 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$300.00</td> </tr> </table>	Total claim	\$300.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$300.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$300.00	Nonpriority amount	\$0.00
Total claim										
\$300.00										
Priority amount										
\$300.00										
Nonpriority amount										
\$0.00										

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.9.	Priority creditor's name and mailing address BROWN, CAITLYN 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 7/20/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.10.	Priority creditor's name and mailing address BUTLER, LENA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
	Date or dates debt was incurred 11/1/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.11.	Priority creditor's name and mailing address CAIN, CONNOR 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 7/19/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.12.	Priority creditor's name and mailing address CANTY, LADARYL 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 1/11/2022 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$80.00</td></tr></table>	Total claim	\$80.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$80.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$80.00	Nonpriority amount	\$0.00
Total claim										
\$80.00										
Priority amount										
\$80.00										
Nonpriority amount										
\$0.00										
2.13.	Priority creditor's name and mailing address CARASCO, DANIEL 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 12/15/2023 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.14.	Priority creditor's name and mailing address CARTER, BETTYE 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 11/9/2018 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$375.00</td></tr></table>	Total claim	\$375.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$375.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$375.00	Nonpriority amount	\$0.00
Total claim										
\$375.00										
Priority amount										
\$375.00										
Nonpriority amount										
\$0.00										

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.15.	Priority creditor's name and mailing address CARTER, MELISSA 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 2/1/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.16.	Priority creditor's name and mailing address COLLINS, SEAN 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 10/30/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.17.	Priority creditor's name and mailing address CURTIS, OLIVIA 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 2/1/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.18.	Priority creditor's name and mailing address CURTISS, JASMINE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 1/23/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.19.	Priority creditor's name and mailing address DICKERSON, ANNIE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/2/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.20.	Priority creditor's name and mailing address DIXON, PORSHA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 7/9/2020	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.21.	Priority creditor's name and mailing address DONALDSON, VERNISA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 12/8/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.22.	Priority creditor's name and mailing address DOTSON, ANTOINE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,764.00	Priority amount \$2,764.00
	Date or dates debt was incurred 1/17/2023	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.23.	Priority creditor's name and mailing address EATMON, JOSEPHINE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
	Date or dates debt was incurred 11/1/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.24.	Priority creditor's name and mailing address EDMONDSON, BENJAMIN 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
	Date or dates debt was incurred 11/1/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.25.	Priority creditor's name and mailing address FENNELL, CHARA ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 12/17/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.26.	Priority creditor's name and mailing address FIORE, ISABEL ;CHARLES FIORE ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 12/14/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.27.	Priority creditor's name and mailing address FLETCHER, JASHAY 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$3,620.00	Priority amount \$3,350.00
	Date or dates debt was incurred 5/1/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$270.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.28.	Priority creditor's name and mailing address FLYNN, YAKIRA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 11/30/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.29.	Priority creditor's name and mailing address GARCIA, AJAH 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 11/1/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.30.	Priority creditor's name and mailing address GIACALONE, NICOLAS ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/25/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.31.	Priority creditor's name and mailing address GORDON, LAREESE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/8/2019	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.32.	Priority creditor's name and mailing address GRANT, ANNIE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$400.00	Priority amount \$400.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 7/17/2020	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.33.	Priority creditor's name and mailing address GRAY, NECHELLE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$123.35	Priority amount \$123.35
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/10/2021	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.34.	Priority creditor's name and mailing address GRAYTON, DARRYL 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 5/6/2021	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.35.	Priority creditor's name and mailing address GREEN, LEVOTIE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/9/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.36.	Priority creditor's name and mailing address HALL, COLIN 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 7/13/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.37.	Priority creditor's name and mailing address HALL, MARQUEZ 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 11/1/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.38.	Priority creditor's name and mailing address HALVORSON, LILY ADDRESS UNKNOWN Date or dates debt was incurred 11/28/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										

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2.39.	Priority creditor's name and mailing address HAMILTON, ASHLI 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/16/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.40.	Priority creditor's name and mailing address HARRIS, DIANNE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 6/21/2010	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.41.	Priority creditor's name and mailing address HAYES, LLOYD 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/5/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.42.	Priority creditor's name and mailing address HAYWOOD, KEVIN 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 10/15/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.43.	Priority creditor's name and mailing address HILLARD, BRIA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 11/9/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.44.	Priority creditor's name and mailing address HOLLAND, EMMA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,762.00	Priority amount \$1,762.00
	Date or dates debt was incurred 7/1/2023	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.45.	Priority creditor's name and mailing address HOLLAND, JULIANA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 11/9/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.46.	Priority creditor's name and mailing address HOLMAN, SABRINA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,280.00	Priority amount \$2,280.00
	Date or dates debt was incurred 3/1/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.47.	Priority creditor's name and mailing address HORTON, KAMARIA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 10/22/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

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2.48.	Priority creditor's name and mailing address HYDE, ANDREW ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/9/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.49.	Priority creditor's name and mailing address JAMES, DARREN 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/30/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.50.	Priority creditor's name and mailing address JAMES, TYLER 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/1/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.51.	Priority creditor's name and mailing address JOHNSON, EDWARD 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 12/1/2021 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$162.62</td> </tr> </table>	Total claim	\$162.62	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$162.62</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$162.62	Nonpriority amount	\$0.00
Total claim										
\$162.62										
Priority amount										
\$162.62										
Nonpriority amount										
\$0.00										
2.52.	Priority creditor's name and mailing address KARCHNICK, JOSEPH 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 7/14/2018 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$500.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.53.	Priority creditor's name and mailing address KEVIN NGUYEN;QUYEN NGUYEN ADDRESS UNKNOWN Date or dates debt was incurred 12/30/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Total claim</th> </tr> <tr> <td>\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Priority amount</th> </tr> <tr> <td>\$500.00</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #d3d3d3;">Nonpriority amount</th> </tr> <tr> <td>\$0.00</td> </tr> </table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.54.	Priority creditor's name and mailing address KING, CELESTE ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,050.57	Priority amount \$2,050.57
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/24/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.55.	Priority creditor's name and mailing address LAING, DANIEL 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$99.00	Priority amount \$99.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 5/2/2011	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.56.	Priority creditor's name and mailing address MALLAMPATI, VIJAY 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/21/2023	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.57.	Priority creditor's name and mailing address MARQUEZ, HERNANDEZ DIANA 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 5/24/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,000.00</td></tr></table>	Total claim	\$1,000.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,000.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,000.00	Nonpriority amount	\$0.00
Total claim										
\$1,000.00										
Priority amount										
\$1,000.00										
Nonpriority amount										
\$0.00										
2.58.	Priority creditor's name and mailing address MARTIN, JENNIFER 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 4/10/2020 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.59.	Priority creditor's name and mailing address MCCULLOUGH, COLIN 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 7/21/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.60.	Priority creditor's name and mailing address MIGUEL OSORIO REATIGA; MARIA PINTO BLANCO ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/4/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.61.	Priority creditor's name and mailing address MILFORD, BARBARA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$99.00	Priority amount \$99.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 1/18/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.62.	Priority creditor's name and mailing address MORRIS, CARRIE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,872.00	Priority amount \$2,872.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 3/1/2022	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.63.	Priority creditor's name and mailing address MUNIZ, ISAAC 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Priority amount	\$500.00
Total claim								
\$500.00								
Priority amount								
\$500.00								
				<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00		
Nonpriority amount								
\$0.00								
	Date or dates debt was incurred 12/9/2023	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS						
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						

2.64.	Priority creditor's name and mailing address NIESET, BROOKE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Priority amount	\$500.00
Total claim								
\$500.00								
Priority amount								
\$500.00								
				<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00		
Nonpriority amount								
\$0.00								
	Date or dates debt was incurred 11/18/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS						
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						

2.65.	Priority creditor's name and mailing address OCONNER, JORDAN 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Total claim</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Total claim	\$500.00	<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Priority amount</th> </tr> <tr> <td style="text-align: center;">\$500.00</td> </tr> </table>	Priority amount	\$500.00
Total claim								
\$500.00								
Priority amount								
\$500.00								
				<table border="1" style="width: 100%;"> <tr> <th style="background-color: #cccccc;">Nonpriority amount</th> </tr> <tr> <td style="text-align: center;">\$0.00</td> </tr> </table>	Nonpriority amount	\$0.00		
Nonpriority amount								
\$0.00								
	Date or dates debt was incurred 11/15/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS						
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes						

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.66.	Priority creditor's name and mailing address ONONUJU, OGOCHUKWU 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/15/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.67.	Priority creditor's name and mailing address PANDA, REVA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,000.00	Priority amount \$1,000.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 7/20/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.68.	Priority creditor's name and mailing address PAPPATICO, NANS CHAPET; CAROLINE BOUISSE ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 8/27/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.69.	Priority creditor's name and mailing address PATEL, PRIYA 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 7/31/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.70.	Priority creditor's name and mailing address PICKETT, LAVERNE 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 3/1/2021 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,872.00</td></tr></table>	Total claim	\$2,872.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,872.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,872.00	Nonpriority amount	\$0.00
Total claim										
\$2,872.00										
Priority amount										
\$2,872.00										
Nonpriority amount										
\$0.00										
2.71.	Priority creditor's name and mailing address PIETROS, ALEXANDER 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 8/24/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.72.	Priority creditor's name and mailing address POPE, TRISTA ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/3/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.73.	Priority creditor's name and mailing address QIN, JIA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 10/30/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.74.	Priority creditor's name and mailing address REED, TAHIRAH 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 2/15/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.75.	Priority creditor's name and mailing address REID, CATHERINE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,789.00	Priority amount \$2,789.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 7/1/2023	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.76.	Priority creditor's name and mailing address ROBINSON-COOK, 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$99.00	Priority amount \$99.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 1/1/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.77.	Priority creditor's name and mailing address ROBINSON-COOK, LATASHA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$99.00	Priority amount \$99.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 1/1/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.78.	Priority creditor's name and mailing address ROGERS, NICHELLE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 1/26/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.79.	Priority creditor's name and mailing address SHAFFER, TOD 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/7/2014	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.80.	Priority creditor's name and mailing address SHEA,DEVYN ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/18/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.81.	Priority creditor's name and mailing address SHUGHART, KATHRYN 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred <hr/>	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.82.	Priority creditor's name and mailing address SINAN, SHAIKH 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred <hr/>	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.83.	Priority creditor's name and mailing address SLAVOV, OLIVIA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,000.00	Priority amount \$1,000.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 7/20/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.84.	Priority creditor's name and mailing address SLOAN, JASON ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$444.42	Priority amount \$444.42
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/28/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.85.	Priority creditor's name and mailing address SMEDLEY, HAYDEN ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/19/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.86.	Priority creditor's name and mailing address SMITH, JASMINE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$99.00	Priority amount \$99.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 2/1/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.87.	Priority creditor's name and mailing address SMITH, RYAN ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/24/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.88.	Priority creditor's name and mailing address SMITH, SARA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 10/23/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.89.	Priority creditor's name and mailing address SOGOTIS, IRENE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 10/24/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.90.	Priority creditor's name and mailing address STOKOL, RACHEL 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 7/6/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.91.	Priority creditor's name and mailing address STRONGREEN, AIDAN ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 11/21/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.92.	Priority creditor's name and mailing address SWISS, ZOE 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$900.00	Priority amount \$900.00
	Date or dates debt was incurred 7/12/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.93.	Priority creditor's name and mailing address TARVARDIAN, CHRISTOPHER ;DREW KAITFORS ADDRESS UNKNOWN	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$181.36	Priority amount \$181.36
				Nonpriority amount \$0.00
	Date or dates debt was incurred 12/14/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.94.	Priority creditor's name and mailing address TAYLOR, MOENEISHA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$2,735.00	Priority amount \$2,735.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 4/17/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.95.	Priority creditor's name and mailing address TAYLOR, SARAH 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
				Nonpriority amount \$0.00
	Date or dates debt was incurred 11/1/2018	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.96.	Priority creditor's name and mailing address WEBB, OMAR 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$900.00	Priority amount \$900.00
	Date or dates debt was incurred 7/19/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.97.	Priority creditor's name and mailing address WHITE, BIANCA 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 10/18/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.98.	Priority creditor's name and mailing address WHITE, DERRICK 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$300.00	Priority amount \$300.00
	Date or dates debt was incurred 7/1/2016	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.99.	Priority creditor's name and mailing address WILKINS, LISKA 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 11/30/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$1,679.00</td></tr></table>	Total claim	\$1,679.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$1,679.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$1,679.00	Nonpriority amount	\$0.00
Total claim										
\$1,679.00										
Priority amount										
\$1,679.00										
Nonpriority amount										
\$0.00										
2.100.	Priority creditor's name and mailing address WILLARD, MARK 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 10/25/2024 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$500.00</td></tr></table>	Total claim	\$500.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$500.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$500.00	Nonpriority amount	\$0.00
Total claim										
\$500.00										
Priority amount										
\$500.00										
Nonpriority amount										
\$0.00										
2.101.	Priority creditor's name and mailing address WILLIAMS, ALONZO 1100 1ST STREET S.E. WASHINGTON DC 20003 Date or dates debt was incurred 11/30/2021 Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: RESIDENTIAL SECURITY DEPOSITS Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<table border="1" style="width: 100%;"><tr><th>Total claim</th></tr><tr><td>\$2,467.00</td></tr></table>	Total claim	\$2,467.00	<table border="1" style="width: 100%;"><tr><th>Priority amount</th></tr><tr><td>\$2,467.00</td></tr></table> <table border="1" style="width: 100%;"><tr><th>Nonpriority amount</th></tr><tr><td>\$0.00</td></tr></table>	Priority amount	\$2,467.00	Nonpriority amount	\$0.00
Total claim										
\$2,467.00										
Priority amount										
\$2,467.00										
Nonpriority amount										
\$0.00										

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.102.	Priority creditor's name and mailing address WILLIS, LASHON 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 1/23/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.103.	Priority creditor's name and mailing address WOLDEYESUS, LEMLEM 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$500.00	Priority amount \$500.00
	Date or dates debt was incurred 1/1/2020	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

2.104.	Priority creditor's name and mailing address YI, WILLIAM 1100 1ST STREET S.E. WASHINGTON DC 20003	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	Total claim \$1,000.00	Priority amount \$1,000.00
	Date or dates debt was incurred 7/21/2024	Basis for the claim: RESIDENTIAL SECURITY DEPOSITS		Nonpriority amount \$0.00
	Last 4 digits of account number: Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (7)	Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

- 3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1. Nonpriority creditor's name and mailing address A-CLASS CONCIERGE SVC LLC GEOFFREY KIRAGU PO BOX 57 HIGHLAND MD 20777 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="background-color: #e0e0e0;"> <tr> <th>Amount of claim</th> </tr> <tr> <td>\$65,985.76</td> </tr> </table>	Amount of claim	\$65,985.76
Amount of claim				
\$65,985.76				
3.2. Nonpriority creditor's name and mailing address AGENCY FIFTY3 LLC KALLAHAN KLUTE 4100 E MISSISSIPPI AVE FL 15 DENVER CO 80246 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="background-color: #e0e0e0;"> <tr> <th>Amount of claim</th> </tr> <tr> <td>\$2,449.00</td> </tr> </table>	Amount of claim	\$2,449.00
Amount of claim				
\$2,449.00				
3.3. Nonpriority creditor's name and mailing address APARTMENT LIST, INC PO BOX 737097 DALLAS TX 75373 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	<table border="1" style="background-color: #e0e0e0;"> <tr> <th>Amount of claim</th> </tr> <tr> <td>\$2,602.00</td> </tr> </table>	Amount of claim	\$2,602.00
Amount of claim				
\$2,602.00				

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.4.	Nonpriority creditor's name and mailing address APARTMENTS LLC 2563 COLLECTION CTR DR CHICAGO IL 60693 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$12,713.64
3.5.	Nonpriority creditor's name and mailing address ARCH SPECIALTY INSURANCE CO HARBORSIDE 3 210 HUDSON ST STE 300 JERSEY CITY NJ 07311 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUMS - #: 74603952 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.6.	Nonpriority creditor's name and mailing address BELFOR PROPERTY RESTORATION 12000 INDIAN CREEK COURT SUITE A BELTSVILLE MD 20705 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$141,283.25

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.7.	Nonpriority creditor's name and mailing address BELFOR USA GROUP RUSS LANNOM 21300 RIDGETOP CIR STE 150 STERLING VA 20166 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,725.20
3.8.	Nonpriority creditor's name and mailing address BIG STUFF INC. 4020 PENN BELT PL FORESTVILLE MD 20747 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$803.95
3.9.	Nonpriority creditor's name and mailing address CCM APARTMENT SERVICES CORPORATE CONCIERGE MANAGEMENT 7980 GEORGIA AVE SILVER SPRING MD 20910 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,075.00

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.10.	Nonpriority creditor's name and mailing address CCR SVC LLC MARIA DUBON 11325 MARYLAND AVE BELTSVILLE MD 20705 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$10,212.50
3.11.	Nonpriority creditor's name and mailing address DATAWATCH SYSTEMS. INC 4520 EAST WEST HIGHWAY STE 300 BETHESDA MD 20814 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$19,603.06
3.12.	Nonpriority creditor's name and mailing address DERICK ASSOCIATES, INC. 8545 ATLAS GAITHERSBURG MD 20877 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

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3.13.	Nonpriority creditor's name and mailing address DIRECT SUPPLIES WAREHOUSE INC. 8680 GREENWOOD PL SUITE C SAVAGE MD 20763 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$803.95
3.14.	Nonpriority creditor's name and mailing address DISTRICT OF COLUMBIA DC DEPARTMENT OF BUILDINGS COLLEEN SMYTHE, ESQ, 1100 4TH STREET, SW, 5TH FLOOR WASHINGTON DC 20024 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: VIOLATIONS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.15.	Nonpriority creditor's name and mailing address ENDURANCE AMERICAN INS CO 4 MANHATTANVILLE RD PURCHASE NY 10577 Date or dates debt was incurred <hr style="border: 0; border-top: 1px solid black;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUMS - #: 74603952 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.16.	Nonpriority creditor's name and mailing address EVERSON, RHONDA ONYX LEASING OFFICE 4850 156TH AVE NE REDMOND WA 98052 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$23.15
3.17.	Nonpriority creditor's name and mailing address FALLS LAKE FIRE & CASUALTY COMPANY 123 NORTH WACKER DR STE 1300 CHICAGO IL 60606 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUMS - #: 74603952 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.18.	Nonpriority creditor's name and mailing address FIDELITY POWER SYSTEMS RYAN NOVAKOSKI 25 LOVETON CIR SPARKS MD 21152 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$39,135.69

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3.19.	Nonpriority creditor's name and mailing address FIRST IMPRESSION STAFFING LLC GEOFFREY KIRAGU 6441 RICHARDSON FARM LN CLARKSVILLE MD 21029 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$89,826.50
3.20.	Nonpriority creditor's name and mailing address GREP ATLANTIC, LLC ATTN KEVIN SHEEHAN 3101 WILSON BLVD. STE 701 ARLINGTON VA 22201 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: PROPERTY MANAGEMENT Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.21.	Nonpriority creditor's name and mailing address HD SUPPLY FACILITIES MAINTENANCE 1020 AIRPORT 100 WAY HANOVER MD 21076 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$8,206.45

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3.22.	Nonpriority creditor's name and mailing address HT PROTECTIVE SERVICES 9620 MEADOW LARK AVE UPPR MARLBORO MD 20772-3862 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$9,361.71
3.23.	Nonpriority creditor's name and mailing address HY.LY INC. 43745 WELTY CT ASBURN VA 20147 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$199.00
3.24.	Nonpriority creditor's name and mailing address INTELINET SYSTEMS PO BOX 3689 DEPT 555 SUGAR LAND TX 77487 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$191.01

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.25.	Nonpriority creditor's name and mailing address JANITO APARTMENT RENOVATION LLC 14408 NEW HAMPSHIRE AVE STE 20 SILVER SPRING MD 20904 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.26.	Nonpriority creditor's name and mailing address KEEP EVOLVING LLC DANIEL MEJIA PO BOX 1420 SPOTSYLVANIA VA 22553 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$70,824.00
3.27.	Nonpriority creditor's name and mailing address KRAMER ENTERPRISES LLC ATTN:AUSTIN KRAMER PO BOX 12251 SILVER SPRING MD 20908 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,960.00

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.28.	Nonpriority creditor's name and mailing address LANDMARK AMERICAN INS CO ATTN LEGAL DEPT 945 E PACES FERRY RD NE STE 1800 ATLANTA GA 30326 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUMS - #: 75167288 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$307,954.12
3.29.	Nonpriority creditor's name and mailing address LIBERTY MUTUAL INSURANCE COMPANY 175 BERKELEY ST BOSTON MA 02116 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUMS - #: 74603952 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.30.	Nonpriority creditor's name and mailing address LS SYSTEMS, INC. 1417 KNECHT AVE ARBUTUS MD 21227 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,129.73

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.31.	Nonpriority creditor's name and mailing address LUX FLOORS JESSICA ELLIS 4449C BROOKFIELD CORPORATE DR CHANTILLY VA 20151 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,872.11
3.32.	Nonpriority creditor's name and mailing address MERIDIAN LANDSCAPING AND DESIGN LLC 116 RURITAN RD STERLING VA 20164 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,439.06
3.33.	Nonpriority creditor's name and mailing address NATIONAL EQUIPMENT SOLUTIONS, LP BILL MAYER PO BOX 2198 WEST CHESTER PA 19380 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$6,201.00

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3.34.	Nonpriority creditor's name and mailing address NEAL, AARON D 6404 IVY LANE SUITE 820 GREENBELT MD 20770 Date or dates debt was incurred <hr/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.35.	Nonpriority creditor's name and mailing address OFFIT KURMAN PA 1325 G ST NW STE 500 WASHINGTON DC 20005 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$228.00
3.36.	Nonpriority creditor's name and mailing address OTIS ELEVATOR KEVIN MALLOY PO BOX 730400 DALLAS TX 75373 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$243,557.34

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.37.	Nonpriority creditor's name and mailing address PCR CLEANING SERVICES 3810 INGERSOL AVE STE A DES MOINES IA 50312 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,822.69
3.38.	Nonpriority creditor's name and mailing address PLEDGER, MELISSA 1100 FIRST STREET SE # 111 WASHINGTON DC 20003 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: LITIGATION Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.39.	Nonpriority creditor's name and mailing address PROFESSIONAL CARPET RESTORATION LLC JEIMY ABREGO 151 WESMOND DR ALEXANDRIA VA 22305 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,822.69

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3.40.	Nonpriority creditor's name and mailing address PURE HOMES CLEANING LLC YOHANCE BRIDGEWATER 5040 NEW HAMPSHIRE AVE NE UNIT 309 WASHINGTON DC 20011 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$150.00
3.41.	Nonpriority creditor's name and mailing address RECYCLING SOLUTIONS INC ATTN:JOSH BORTNICK 4020 PENN BELT PL FORESTVILLE MD 20747 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$381.60
3.42.	Nonpriority creditor's name and mailing address RENTGROW, INC. 307 WAVERLEY OAKS RD # 301 WALTHAM MA 02452 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$3,083.00

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3.43.	Nonpriority creditor's name and mailing address RYAN LAW FIRM PLLC 16A BEL AIR S PKWY SUITE 202 BEL AIR MD 21015 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$15,400.91
3.44.	Nonpriority creditor's name and mailing address SEEVIEW SECURITY, INC YADIRA KEITH 3959 PENDER DR STE 330 FAIRFAX VA 22030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$5,202.41
3.45.	Nonpriority creditor's name and mailing address SMART CLEANING SVC LLC VIVIANA FERNANDEZ VENTURA 10819 GEORGIA AVE STE 202 SILVER SPRING MD 20902 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$14,875.00

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.46.	Nonpriority creditor's name and mailing address SUPERIOR MECHANICAL SVC SALLY SPEIGLE 6655 MID CITIES AV BELTSVILLE MD 20705 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$2,167.53
3.47.	Nonpriority creditor's name and mailing address TEXAS INSURANCE COMPANY C/O RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC 4 NORTH PARK DRIVE, SUITE 500 HUNT VALLEY MD 21030 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUMS - #: 74603952 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.48.	Nonpriority creditor's name and mailing address THE MEINERS LAW FIRM, PLLC MICHELE C MEINERS 10332 MAIN ST STE 101 FAIRFAX VA 22030 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$295.00

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

3.49.	Nonpriority creditor's name and mailing address UNITED SPECIALTY INSURANCE COMPANY C/O RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC 4 NORTH PARK DRIVE, SUITE 500 HUNT VALLEY MD 21030 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUMS - #: 74603952 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$166,151.00
3.50.	Nonpriority creditor's name and mailing address VANTAGE RISK SPECIALTY INSURANCE CO. 123 NORTH WACKER DR STE 1300 CHICAGO IL 60606 Date or dates debt was incurred <hr style="width: 30%; margin-left: 0;"/> Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: INSURANCE PREMIUMS - #: 74603952 Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim UNDETERMINED
3.51.	Nonpriority creditor's name and mailing address ZNATION BUILDING SVC ESTER GUEVARA 3305 40TH PL BRENTWOOD MD 20722 Date or dates debt was incurred VARIOUS Last 4 digits of account number:	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: TRADE PAYABLE Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount of claim \$1,250.00

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
JANITO APARTMENT RENOVATION LLC PO BOX 4636 SILVER SPRING MD 20914	Part 2 line 3.25	_____
JANITO APARTMENT RENOVATION LLC MCNAMEE HOSEA, P.A. C. RYAN COHILL 888 BESTGATE ROAD SUITE 402 ANNAPOLIS MD 21401	Part 2 line 3.25	_____
RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC 4 NORTH PARK DRIVE, SUITE 500 HUNT VALLEY MD 21030	Part 2 line 3.28	_____
RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC 4 NORTH PARK DRIVE, SUITE 500 HUNT VALLEY MD 21030	Part 2 line 3.29	_____
RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC 4 NORTH PARK DRIVE, SUITE 500 HUNT VALLEY MD 21030	Part 2 line 3.5	_____
RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC 4 NORTH PARK DRIVE, SUITE 500 HUNT VALLEY MD 21030	Part 2 line 3.50	_____
RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC 4 NORTH PARK DRIVE, SUITE 500 HUNT VALLEY MD 21030	Part 2 line 3.17	_____
RIGGS, COUNSELMAN, MICHAELS & DOWNES, INC 4 NORTH PARK DRIVE, SUITE 500 HUNT VALLEY MD 21030	Part 2 line 3.15	_____

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816****Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

		Total of claim amounts
5a. Total claims from Part 1	5a.	\$71,985.56
5b. Total claims from Part 2	5b. +	\$1,295,968.01
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$1,367,953.57

Fill in this information to identify the case:**Debtor name:** Onyx Owner, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 24-12816☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2.	List all contracts and unexpired leases	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1.	Title of contract RESIDENTIAL LEASES State what the contract or lease is for _____ Nature of debtor's interest LESSOR State the term remaining _____ List the contract number of any government contract _____	SEE ATTACHMENT 1, RESIDENTIAL LEASES
2.2.	Title of contract LEASE State what the contract or lease is for GROUND LEASE AGREEMENT DATED AS OF JANUARY 25, 2018 Nature of debtor's interest LESSEE State the term remaining 1/25/2117 List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease 1100 FIRST STREET GROUND OWNER LLC C/O ISTAR INC ATTENTION: GENERAL COUNSEL 1114 AVENUE OF THE AMERICAS NEW YORK NY 10036
2.3.	Title of contract _____ State what the contract or lease is for 24/7 CONCIERGE DESK STAFFING Nature of debtor's interest CONTRACT PARTY State the term remaining MONTH-TO-MONTH List the contract number of any government contract _____	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease A-CLASS CONCIERGE SERVICES LLC 53 FRANKLIN DR MIDDLETOWN DE 19709

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.4.	Title of contract <hr/> State what the contract or lease is for EQUIPMENT LEASE # 110-0813347 -SHARP BP 70C31 - COPY / PRINT / SCAN / FAX Nature of debtor's interest LESSEE State the term remaining <hr/> List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ALL COPY PRODUCTS ATTN LINDSAY RAVEN DONLEY 1635 W. 13TH AVENUE DENVER CO 80204
2.5.	Title of contract <hr/> State what the contract or lease is for LISTING SERVICE Nature of debtor's interest CONTRACT PARTY State the term remaining MONTH-TO-MONTH List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease APARTMENTS.COM 2563 COLLECTION CENTER DR CHICAGO IL 60693-0025
2.6.	Title of contract <hr/> State what the contract or lease is for WATER TREATMENT Nature of debtor's interest CONTRACT PARTY State the term remaining 7/25/2025 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease AQUATOMIC PRODUCTS COMPANY 3141 DRAPER DR FAIRFAX VA 22031
2.7.	Title of contract COMMERCIAL INSURANCE State what the contract or lease is for EXCESS LIABILITY INSURANCE - LEAD - POLICY NO. UXP1051442-01 Nature of debtor's interest INSURED State the term remaining 12/15/2025 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ARCH SPECIALTY INSURANCE COMPANY HARBORSIDE 3 210 HUDSON ST STE 300 JERSEY CITY NJ 07311
2.8.	Title of contract <hr/> State what the contract or lease is for CALL CENTER SERVICE Nature of debtor's interest CONTRACT PARTY State the term remaining MONTH-TO-MONTH List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CALLMAX 28925 FOUNTAIN PARKWAY SOLON OH 44139

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

2.9.	Title of contract <hr/> State what the contract or lease is for IDENTIFY VERIFICATION Nature of debtor's interest CONTRACT PARTY State the term remaining MONTH-TO-MONTH List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease CHECKPOINT ID, INC PO BOX 772806 DETROIT MI 48277-2806
2.10.	Title of contract <hr/> State what the contract or lease is for ACCESS CONTROL Nature of debtor's interest CONTRACT PARTY State the term remaining 5/31/2025 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease DATAWATCH 4520 EAST WEST HIGHWAY SUITE 300 BETHESDA MD 20814
2.11.	Title of contract COMMERCIAL INSURANCE State what the contract or lease is for EXCESS LIABILITY INSURANCE - LAYER 4 - POLICY NO. ELD30050286901 Nature of debtor's interest INSURED State the term remaining 12/15/2025 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENDURANCE AMERICAN INSURANCE COMPANY 4 MANHATTANVILLE RD PURCHASE NY 10577
2.12.	Title of contract <hr/> State what the contract or lease is for SOCIAL MEDIA POSTING Nature of debtor's interest CONTRACT PARTY State the term remaining 5/15/2025 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease ENVIDA 15230 N. 75TH STREET STE.. 2030 SCOTTSDALE AZ 85260
2.13.	Title of contract COMMERCIAL INSURANCE State what the contract or lease is for EXCESS LIABILITY INSURANCE - LAYER 2 - POLICY NO. PSXFF230019000 Nature of debtor's interest INSURED State the term remaining 12/15/2025 List the contract number of any government contract <hr/>	State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease FALLS LAKE FIRE & CASUALTY COMPANY 123 NORTH WACKER DR STE 1300 CHICAGO IL 60606

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

- 2.14. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MECHANICAL EQUIPMENT MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY FIDELITY
- State the term remaining** 5/31/2025 7001 MUIRKIRK MEADOWS DR.
- List the contract number of any government contract** _____ STE E
BELTSVILLE MD 20705
- 2.15. **Title of contract** PROPERTY MANAGEMENT AGREEMENT **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROPERTY MANAGEMENT SERVICES
- Nature of debtor's interest** CONTRACT PARTY GREP ATLANTIC, LLC
- State the term remaining** 1/31/2025 ATTN KEVIN SHEEHAN
- List the contract number of any government contract** _____ 3101 WILSON BLVD.
STE 701
ARLINGTON VA 22201
- 2.16. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PEST CONTROL
- Nature of debtor's interest** CONTRACT PARTY HOME PARAMOUNT PEST
- State the term remaining** 5/1/2025 CONTROL
- List the contract number of any government contract** _____ P.O. BOX 850
FOREST HILL MD 21050
- 2.17. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** EBLAST MARKETING
- Nature of debtor's interest** CONTRACT PARTY HY.LY INC.
- State the term remaining** MONTH-TO-MONTH PO BOX 976
- List the contract number of any government contract** _____ 800 WEST BROAD STREET
FALLS CHURCH VA 22040
- 2.18. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** MAINTENANCE TABLET SERVICE
- Nature of debtor's interest** CONTRACT PARTY INTELINET
- State the term remaining** MONTH-TO-MONTH P.O. BOX 3689
- List the contract number of any government contract** _____ DEPT 555
SUGAR LAND TX 77487

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

- 2.19. **Title of contract** COMMERCIAL INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** PROPERTY INSURANCE - POLICY # TO BE DETERMINED
- Nature of debtor's interest** INSURED LANDMARK AMERICAN INS CO
ATTN LEGAL DEPT
945 E PACES FERRY RD NE
STE 1800
ATLANTA GA 30326
- State the term remaining** 12/15/2025
- List the contract number of any government contract** _____
- 2.20. **Title of contract** COMMERCIAL INSURANCE **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMMERCIAL PROPERTY INSURANCE - POLICY NO. YACL9L477212014
- Nature of debtor's interest** INSURED LIBERTY MUTUAL INSURANCE
COMPANY
175 BERKELEY ST
BOSTON MA 02116
- State the term remaining** 12/15/2025
- List the contract number of any government contract** _____
- 2.21. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FIRE/LIFE SAFETY TESTING AND INSPECTION
- Nature of debtor's interest** CONTRACT PARTY LIFE SAFETY SYSTEMS
1417 KNECHT AVE
ARBUTUS MD 21227
- State the term remaining** 4/30/2025
- List the contract number of any government contract** _____
- 2.22. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COMPACTOR RENTAL
- Nature of debtor's interest** CONTRACT PARTY NATIONAL EQUIPMENT
SOLUTIONS, L.P.
136 W. LANCASTER AVE
SUITE 11
PAOLI PA 19301
- State the term remaining** 10/18/2025
- List the contract number of any government contract** _____
- 2.23. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** INTERIOR PLANT MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY OASIS PLANTSCAPING LLC
45915 MARIES RD
#150
STERLING VA 20166
- State the term remaining** MONTH-TO-MONTH
- List the contract number of any government contract** _____

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

- 2.24. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** ELEVATOR SERVICE/MAINTENANCE
- Nature of debtor's interest** CONTRACT PARTY OTIS ELEVATORS
5000 PHILADELPHIA WAY #H
LANHAM MD 20706
- State the term remaining** MONTH-TO-MONTH
- List the contract number of any government contract** _____
- 2.25. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** FOUR 2YD COMPACTOR CONTAINER RENTAL
- Nature of debtor's interest** CONTRACT PARTY RSI WASTE & RECYCLING
EQUIPMENT RENTALS
4020 PENN BELT PLACE
FORESTVILLE MD 20747
- State the term remaining** 7/31/2029
- List the contract number of any government contract** _____
- 2.26. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** JANITORIAL/CLEANING SERVICE
- Nature of debtor's interest** CONTRACT PARTY SAF CLEANING SERVICES LLC
7010 LITTLE RIVER TURNPIKE
SUITE 115
ANNANDALE VA 22003
- State the term remaining** 4/21/2025
- List the contract number of any government contract** _____
- 2.27. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** COFFEE SERVICE
- Nature of debtor's interest** CONTRACT PARTY SIPWITHME
PO BOX 736442
CHICAGO IL 60673
- State the term remaining** 9/1/2025
- List the contract number of any government contract** _____
- 2.28. **Title of contract** _____ **State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**
- State what the contract or lease is for** VENDING MACHINE
- Nature of debtor's interest** CONTRACT PARTY SKY VISION VENDING
9090 JUNCTION DR
SUITE 8
ANNAPOLIS JUNCTION MD 20701
- State the term remaining** MONTH-TO-MONTH
- List the contract number of any government contract** _____

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

- 2.29. **Title of contract** COMMERCIAL INSURANCE
State what the contract or lease is for EXCESS LIABILITY INSURANCE - LAYER 3 - POLICY NO. JT124XANN037661
Nature of debtor's interest INSURED
State the term remaining 12/15/2025
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
TEXAS INSURANCE COMPANY
C/O RIGGS, COUNSELMAN,
MICHAELS & DOWNES, INC
REBECCA GIERCZAK
4 NORTH PARK DRIVE, SUITE 500
COCKEYSVILLE, HUNT VALLEY MD
21030
- 2.30. **Title of contract** COMMERCIAL INSURANCE
State what the contract or lease is for GENERAL LIABILITY INSURANCE - POLICY NO. FXZ0005042400
Nature of debtor's interest INSURED
State the term remaining 12/15/2025
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
UNITED SPECIALTY INSURANCE
COMPANY
C/O RIGGS, COUNSELMAN,
MICHAELS & DOWNES, INC
REBECCA GIERCZAK
4 NORTH PARK DRIVE, SUITE 500
COCKEYSVILLE, HUNT VALLEY MD
21030
- 2.31. **Title of contract** COMMERCIAL INSURANCE
State what the contract or lease is for EXCESS LIABILITY INSURANCE - LAYER 1 - POLICY NO. P03XC0000049131
Nature of debtor's interest INSURED
State the term remaining 12/15/2025
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
VANTAGE RISK SPECIALTY
INSURANCE COMPANY
123 NORTH WACKER DR
STE 1300
CHICAGO IL 60606
- 2.32. **Title of contract** _____
State what the contract or lease is for TRASH HAULING
Nature of debtor's interest CONTRACT PARTY
State the term remaining MONTH-TO-MONTH
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WASTE MANAGEMENT
1 GRIFFIN ROAD NORTH
SUITE 4C
WINDSOR CT 06095
- 2.33. **Title of contract** _____
State what the contract or lease is for PARKING SPACE ALLOTMENT AGREEMENT
Nature of debtor's interest CONTRACT PARTY
State the term remaining MONTH-TO-MONTH
List the contract number of any government contract _____
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
WHERE I PARK
365 DUPONT STREET
TORONTO ON M5R 1V9
CANADA

Attachment 1

Residential Leases

Contract Counterparty	Counterparty Address	Contract Description	Term/End Date
Abdullina, V.	1100 First St SE, Washington, DC 20003	Residential Lease	12/3/2025
Achamou, M.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2025
Adams, M.	1100 First St SE, Washington, DC 20003	Residential Lease	1/22/2025
Aiken, C.	1100 First St SE, Washington, DC 20003	Residential Lease	1/6/2025
Allen, J.	1100 First St SE, Washington, DC 20003	Residential Lease	11/16/2024
Amanios, S.	1100 First St SE, Washington, DC 20003	Residential Lease	8/30/2025
Ampudia, J.	1100 First St SE, Washington, DC 20003	Residential Lease	9/16/2025
Ashfeld, B.	1100 First St SE, Washington, DC 20003	Residential Lease	6/14/2025
Austin, N.	1100 First St SE, Washington, DC 20003	Residential Lease	10/12/2025
Ball, K.	1100 First St SE, Washington, DC 20003	Residential Lease	7/21/2025
Barber, N.	1100 First St SE, Washington, DC 20003	Residential Lease	7/11/2025
Barrett, E.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2024
Bates, T.	1100 First St SE, Washington, DC 20003	Residential Lease	8/3/2024
Battle, L.	1100 First St SE, Washington, DC 20003	Residential Lease	2/20/2021
Becerril, M.	1100 First St SE, Washington, DC 20003	Residential Lease	8/21/2025
Better, L.	1100 First St SE, Washington, DC 20003	Residential Lease	12/19/2025
Blackwell, K.	1100 First St SE, Washington, DC 20003	Residential Lease	1/22/2026
Bonafina, M.	1100 First St SE, Washington, DC 20003	Residential Lease	12/4/2025
Bozeman, H.	1100 First St SE, Washington, DC 20003	Residential Lease	6/30/2023
Brahana, I.	1100 First St SE, Washington, DC 20003	Residential Lease	7/31/2025
Brice, D.	1100 First St SE, Washington, DC 20003	Residential Lease	7/30/2025
Brito, D.	1100 First St SE, Washington, DC 20003	Residential Lease	12/19/2025
Brown, C.	1100 First St SE, Washington, DC 20003	Residential Lease	8/19/2025
Brugh, Z.	1100 First St SE, Washington, DC 20003	Residential Lease	8/15/2025
Burch, S.	1100 First St SE, Washington, DC 20003	Residential Lease	9/30/2022
Burgess, L.	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2022
Butler, L.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2021
Byrd, G.	1100 First St SE, Washington, DC 20003	Residential Lease	4/15/2024
Cain, C.	1100 First St SE, Washington, DC 20003	Residential Lease	7/18/2025
Canada, V.	1100 First St SE, Washington, DC 20003	Residential Lease	5/31/2022
Canty, L.	1100 First St SE, Washington, DC 20003	Residential Lease	1/10/2023
Carasco, D.	1100 First St SE, Washington, DC 20003	Residential Lease	12/14/2024
Carter, B.	1100 First St SE, Washington, DC 20003	Residential Lease	11/8/2021
Carter, M.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2025
Caulfield, M.	1100 First St SE, Washington, DC 20003	Residential Lease	12/29/2025
Cetin, M.	1100 First St SE, Washington, DC 20003	Residential Lease	9/15/2025
Chamberlin, J.	1100 First St SE, Washington, DC 20003	Residential Lease	9/30/2022
Chinuntdet, J.	1100 First St SE, Washington, DC 20003	Residential Lease	1/22/2025
Chitty, R.	1100 First St SE, Washington, DC 20003	Residential Lease	8/7/2025
Coast Ufeli, M.	1100 First St SE, Washington, DC 20003	Residential Lease	6/29/2025
Coleman, S.	1100 First St SE, Washington, DC 20003	Residential Lease	10/11/2025
Collins, S.	1100 First St SE, Washington, DC 20003	Residential Lease	1/29/2026
Coulibaly, B.	1100 First St SE, Washington, DC 20003	Residential Lease	12/1/2025
Cummings, T.	1100 First St SE, Washington, DC 20003	Residential Lease	7/22/2025
Curtis, O.	1100 First St SE, Washington, DC 20003	Residential Lease	12/28/2024

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Residential Leases

Contract Counterparty	Counterparty Address	Contract Description	Term/End Date
Curtiss, J.	1100 First St SE, Washington, DC 20003	Residential Lease	1/22/2025
Davis, K.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2022
Dey, R.	1100 First St SE, Washington, DC 20003	Residential Lease	7/31/2024
Dickerson, A.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2021
Dixon, P.	1100 First St SE, Washington, DC 20003	Residential Lease	7/8/2021
Donaldson, V.	1100 First St SE, Washington, DC 20003	Residential Lease	12/7/2025
Dotson, A.	1100 First St SE, Washington, DC 20003	Residential Lease	6/29/2025
Dotson, A.	1100 First St SE, Washington, DC 20003	Residential Lease	6/29/2026
Drayton, J.	1100 First St SE, Washington, DC 20003	Residential Lease	7/30/2025
Duncan, A.	1100 First St SE, Washington, DC 20003	Residential Lease	11/15/2024
Eatmon, J.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2021
Eaves-Goff, C.	1100 First St SE, Washington, DC 20003	Residential Lease	7/22/2025
Edmondson, B.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2021
Egesi, T.	1100 First St SE, Washington, DC 20003	Residential Lease	9/22/2024
Enweonwu, S.	1100 First St SE, Washington, DC 20003	Residential Lease	8/30/2025
Eshelman, M.	1100 First St SE, Washington, DC 20003	Residential Lease	9/29/2025
Ferrell Zabala, F.	1100 First St SE, Washington, DC 20003	Residential Lease	7/25/2025
Fitzpatrick, R.	1100 First St SE, Washington, DC 20003	Residential Lease	2/28/2025
Fletcher, J.	1100 First St SE, Washington, DC 20003	Residential Lease	3/10/2025
Flynn, Y.	1100 First St SE, Washington, DC 20003	Residential Lease	11/29/2021
Fry, Z.	1100 First St SE, Washington, DC 20003	Residential Lease	7/25/2025
Garcia, A.	1100 First St SE, Washington, DC 20003	Residential Lease	11/30/2025
Gehres, J.	1100 First St SE, Washington, DC 20003	Residential Lease	8/26/2025
George, J.	1100 First St SE, Washington, DC 20003	Residential Lease	1/23/2025
Given, M.	1100 First St SE, Washington, DC 20003	Residential Lease	6/26/2025
Gordon, L.	1100 First St SE, Washington, DC 20003	Residential Lease	11/7/2021
Grant, A.	1100 First St SE, Washington, DC 20003	Residential Lease	7/16/2021
Gray, N.	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2022
Grayton, D.	1100 First St SE, Washington, DC 20003	Residential Lease	5/31/2022
Green, L.	1100 First St SE, Washington, DC 20003	Residential Lease	11/8/2021
Guegan, E.	1100 First St SE, Washington, DC 20003	Residential Lease	8/18/2024
Haley, D.	1100 First St SE, Washington, DC 20003	Residential Lease	2/10/2023
Hall, A.	1100 First St SE, Washington, DC 20003	Residential Lease	10/6/2025
Hall, C.	1100 First St SE, Washington, DC 20003	Residential Lease	7/12/2025
Hall, K.	1100 First St SE, Washington, DC 20003	Residential Lease	10/6/2025
Hall, M.	1100 First St SE, Washington, DC 20003	Residential Lease	9/4/2024
Hall, M.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2026
Hamilton, A.	1100 First St SE, Washington, DC 20003	Residential Lease	12/15/2025
Hannah, R.	1100 First St SE, Washington, DC 20003	Residential Lease	7/25/2025
Harling, A.	1100 First St SE, Washington, DC 20003	Residential Lease	2/28/2021
Harris, D.	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2023
Hawkins, E.	1100 First St SE, Washington, DC 20003	Residential Lease	11/30/2022
Hawkins, K.	1100 First St SE, Washington, DC 20003	Residential Lease	3/19/2025

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Contract Counterparty	Counterparty Address	Contract Description	Term/End Date
Hawkins, M.	1100 First St SE, Washington, DC 20003	Residential Lease	3/23/2026
Hayes, L.	1100 First St SE, Washington, DC 20003	Residential Lease	12/4/2021
Haywood, K.	1100 First St SE, Washington, DC 20003	Residential Lease	10/14/2025
Hillard, B.	1100 First St SE, Washington, DC 20003	Residential Lease	11/8/2020
Holland, E.	1100 First St SE, Washington, DC 20003	Residential Lease	6/30/2025
Holland, J.	1100 First St SE, Washington, DC 20003	Residential Lease	2/8/2026
Holman, S.	1100 First St SE, Washington, DC 20003	Residential Lease	2/28/2025
Holton, S.	1100 First St SE, Washington, DC 20003	Residential Lease	3/31/2023
Hooks, L.	1100 First St SE, Washington, DC 20003	Residential Lease	3/10/2025
Horton, K.	1100 First St SE, Washington, DC 20003	Residential Lease	1/21/2026
Hummel, B.	1100 First St SE, Washington, DC 20003	Residential Lease	8/12/2025
Jaager, L.	1100 First St SE, Washington, DC 20003	Residential Lease	1/6/2025
Jackson, D.	1100 First St SE, Washington, DC 20003	Residential Lease	12/30/2025
James, D.	1100 First St SE, Washington, DC 20003	Residential Lease	2/27/2026
James, T.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2026
Jimenez, P.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2025
Johnson Jr, L.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2022
Johnson, E.	1100 First St SE, Washington, DC 20003	Residential Lease	11/30/2022
Johnson, L.	1100 First St SE, Washington, DC 20003	Residential Lease	3/14/2026
Johnson, R.	1100 First St SE, Washington, DC 20003	Residential Lease	9/22/2025
Johnson, S.	1100 First St SE, Washington, DC 20003	Residential Lease	8/14/2025
Joseph, J.	1100 First St SE, Washington, DC 20003	Residential Lease	9/14/2024
Kallman, T.	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2024
Karchnick, J.	1100 First St SE, Washington, DC 20003	Residential Lease	11/30/2024
King, C.	1100 First St SE, Washington, DC 20003	Residential Lease	8/19/2022
Klipple, A.	1100 First St SE, Washington, DC 20003	Residential Lease	10/23/2025
Knepp, B.	1100 First St SE, Washington, DC 20003	Residential Lease	1/11/2026
Koneri, J.	1100 First St SE, Washington, DC 20003	Residential Lease	9/9/2025
Kyle, B.	1100 First St SE, Washington, DC 20003	Residential Lease	8/14/2025
Laing, D.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2025
Lampert, P.	1100 First St SE, Washington, DC 20003	Residential Lease	1/4/2025
Ledezma Velasquez, J.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2025
Levings, D.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2024
Lewkowicz, Z.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2024
Liu, Y.	1100 First St SE, Washington, DC 20003	Residential Lease	11/30/2025
Mallampati, V.	1100 First St SE, Washington, DC 20003	Residential Lease	12/20/2024
Malloy, J.	1100 First St SE, Washington, DC 20003	Residential Lease	10/12/2024
Marable-Anderson, N.	1100 First St SE, Washington, DC 20003	Residential Lease	11/16/2024
Marquez Hernandez, D.	1100 First St SE, Washington, DC 20003	Residential Lease	5/23/2025
Marrow, S.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2022
Martin, J.	1100 First St SE, Washington, DC 20003	Residential Lease	5/31/2023
Martinez, M.	1100 First St SE, Washington, DC 20003	Residential Lease	7/14/2025
Martinez, M.	1100 First St SE, Washington, DC 20003	Residential Lease	7/14/2026

Attachment 1

Residential Leases

Contract Counterparty	Counterparty Address	Contract Description	Term/End Date
May, A.	1100 First St SE, Washington, DC 20003	Residential Lease	11/16/2024
Mayer, H.	1100 First St SE, Washington, DC 20003	Residential Lease	8/31/2025
Mccombs, J.	1100 First St SE, Washington, DC 20003	Residential Lease	12/17/2025
McCray, J.	1100 First St SE, Washington, DC 20003	Residential Lease	12/17/2025
McCullough, C.	1100 First St SE, Washington, DC 20003	Residential Lease	7/20/2025
McLerran, E.	1100 First St SE, Washington, DC 20003	Residential Lease	7/31/2025
Milfort, B.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2025
Mohn, M.	1100 First St SE, Washington, DC 20003	Residential Lease	7/22/2025
Moore, D.	1100 First St SE, Washington, DC 20003	Residential Lease	8/31/2022
Moore, V.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2025
Morris, C.	1100 First St SE, Washington, DC 20003	Residential Lease	2/28/2023
Morris, S.	1100 First St SE, Washington, DC 20003	Residential Lease	9/30/2024
Muniz, I.	1100 First St SE, Washington, DC 20003	Residential Lease	12/8/2025
Nelson, K.	1100 First St SE, Washington, DC 20003	Residential Lease	9/30/2024
Nelson, S.	1100 First St SE, Washington, DC 20003	Residential Lease	1/3/2026
Nieset, B.	1100 First St SE, Washington, DC 20003	Residential Lease	2/17/2026
Obrien, B.	1100 First St SE, Washington, DC 20003	Residential Lease	8/2/2025
OConner, J.	1100 First St SE, Washington, DC 20003	Residential Lease	11/14/2025
Ononuju, O.	1100 First St SE, Washington, DC 20003	Residential Lease	11/14/2025
Panda, R.	1100 First St SE, Washington, DC 20003	Residential Lease	7/19/2025
Patel, P.	1100 First St SE, Washington, DC 20003	Residential Lease	7/30/2025
Patel, S.	1100 First St SE, Washington, DC 20003	Residential Lease	3/12/2025
Patrick, A.	1100 First St SE, Washington, DC 20003	Residential Lease	8/25/2024
Pearce, J.	1100 First St SE, Washington, DC 20003	Residential Lease	7/22/2025
Pearson, W.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2025
Pelaez, M.	1100 First St SE, Washington, DC 20003	Residential Lease	12/29/2025
Pickett, L.	1100 First St SE, Washington, DC 20003	Residential Lease	2/28/2022
Pietros, A.	1100 First St SE, Washington, DC 20003	Residential Lease	8/23/2025
Plaster, M.	1100 First St SE, Washington, DC 20003	Residential Lease	1/25/2026
Pledger, M.	1100 First St SE, Washington, DC 20003	Residential Lease	3/16/2024
Porter, C.	1100 First St SE, Washington, DC 20003	Residential Lease	3/19/2025
Porter, D.	1100 First St SE, Washington, DC 20003	Residential Lease	6/30/2023
Pridgeon, T.	1100 First St SE, Washington, DC 20003	Residential Lease	9/14/2022
Qin, J.	1100 First St SE, Washington, DC 20003	Residential Lease	1/29/2026
Raigrodski, R.	1100 First St SE, Washington, DC 20003	Residential Lease	12/13/2024
Reed, T.	1100 First St SE, Washington, DC 20003	Residential Lease	1/4/2025
Reid, C.	1100 First St SE, Washington, DC 20003	Residential Lease	6/29/2024
Renford, S.	1100 First St SE, Washington, DC 20003	Residential Lease	3/3/2021
Richards, C.	1100 First St SE, Washington, DC 20003	Residential Lease	6/26/2025
Roberts, J.	1100 First St SE, Washington, DC 20003	Residential Lease	10/21/2025
Robinson, A.	1100 First St SE, Washington, DC 20003	Residential Lease	7/31/2020
Robinson-Cook, L.	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2024
Rogers, N.	1100 First St SE, Washington, DC 20003	Residential Lease	1/25/2025
Saxon, C.	1100 First St SE, Washington, DC 20003	Residential Lease	10/9/2025
Scott, D.	1100 First St SE, Washington, DC 20003	Residential Lease	12/30/2025
Shaffer, T.	1100 First St SE, Washington, DC 20003	Residential Lease	3/31/2023

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Residential Leases

Contract Counterparty	Counterparty Address	Contract Description	Term/End Date
Shah, S.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2026
Shea, D.	1100 First St SE, Washington, DC 20003	Residential Lease	1/10/2026
Shoukat, B.	1100 First St SE, Washington, DC 20003	Residential Lease	7/21/2025
Siao, S.	1100 First St SE, Washington, DC 20003	Residential Lease	4/30/2023
Slavov, O.	1100 First St SE, Washington, DC 20003	Residential Lease	7/19/2025
Smedley, H.	1100 First St SE, Washington, DC 20003	Residential Lease	5/7/2026
Smith, C.	1100 First St SE, Washington, DC 20003	Residential Lease	9/30/2021
Smith, J.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2025
Smith, J.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2026
Smith, M.	1100 First St SE, Washington, DC 20003	Residential Lease	10/6/2024
Smith, R.	1100 First St SE, Washington, DC 20003	Residential Lease	1/30/2026
Smith, S.	1100 First St SE, Washington, DC 20003	Residential Lease	10/22/2025
Sogotis, I.	1100 First St SE, Washington, DC 20003	Residential Lease	10/23/2025
Sotomayor, R.	1100 First St SE, Washington, DC 20003	Residential Lease	10/3/2025
Sowers, S.	1100 First St SE, Washington, DC 20003	Residential Lease	10/27/2023
Spencer, Y.	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2024
Stewart, S.	1100 First St SE, Washington, DC 20003	Residential Lease	4/18/2025
Stokol, R.	1100 First St SE, Washington, DC 20003	Residential Lease	7/5/2025
Suggs, D.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2025
Suggs, P.	1100 First St SE, Washington, DC 20003	Residential Lease	3/31/2022
Sweatt, C.	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2021
Swiss, Z.	1100 First St SE, Washington, DC 20003	Residential Lease	7/11/2025
Taliaferro, M.	1100 First St SE, Washington, DC 20003	Residential Lease	4/30/2021
Tarvardian, C.	1100 First St SE, Washington, DC 20003	Residential Lease	12/16/2023
Taylor, A.	1100 First St SE, Washington, DC 20003	Residential Lease	8/31/2022
Taylor, M.	1100 First St SE, Washington, DC 20003	Residential Lease	4/16/2025
Taylor, S.	1100 First St SE, Washington, DC 20003	Residential Lease	10/31/2021
Terry, B.	1100 First St SE, Washington, DC 20003	Residential Lease	3/31/2023
Tolliver, E.	1100 First St SE, Washington, DC 20003	Residential Lease	2/14/2025
Tracey, M.	1100 First St SE, Washington, DC 20003	Residential Lease	1/31/2024
Turner, K.	1100 First St SE, Washington, DC 20003	Residential Lease	11/12/2024
Tutt, F.	1100 First St SE, Washington, DC 20003	Residential Lease	3/20/2025
Venkatesan, S.	1100 First St SE, Washington, DC 20003	Residential Lease	7/26/2025
Wall, J.	1100 First St SE, Washington, DC 20003	Residential Lease	9/30/2024
Walters, K.	1100 First St SE, Washington, DC 20003	Residential Lease	3/3/2025
Wang, W.	1100 First St SE, Washington, DC 20003	Residential Lease	8/9/2025
Watkins, J.	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2024
Webb, O.	1100 First St SE, Washington, DC 20003	Residential Lease	8/18/2025
White, B.	1100 First St SE, Washington, DC 20003	Residential Lease	10/17/2025
White, D.	1100 First St SE, Washington, DC 20003	Residential Lease	6/30/2023
Wilkins, L.	1100 First St SE, Washington, DC 20003	Residential Lease	11/29/2025
Willard, M.	1100 First St SE, Washington, DC 20003	Residential Lease	1/24/2026
Williams, A.	1100 First St SE, Washington, DC 20003	Residential Lease	11/29/2022
Williamson, A.	1100 First St SE, Washington, DC 20003	Residential Lease	7/31/2025

Residential Leases

Contract Counterparty	Counterparty Address	Contract Description	Term/End Date
Willis, L.	1100 First St SE, Washington, DC 20003	Residential Lease	1/22/2025
Wilson, T.	1100 First St SE, Washington, DC 20003	Residential Lease	8/31/2022
	1100 First St SE, Washington, DC 20003	Residential Lease	12/31/2021
Woldeyesus, L.			
Yi, W.	1100 First St SE, Washington, DC 20003	Residential Lease	8/20/2025
Young, B.	1100 First St SE, Washington, DC 20003	Residential Lease	3/31/2024
Zymroz, A.	1100 First St SE, Washington, DC 20003	Residential Lease	8/30/2025

Fill in this information to identify the case:**Debtor name:** Onyx Owner, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 24-12816☐ Check if this is an amended filingOfficial Form 206H**Schedule H: Codebtors**

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1. PETER J. BONNELL C/O UIP PROPERTY MANAGEMENT, INC	140 Q STREET NE SUITE 140-B WASHINGTON DC 20002	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.2. STEVEN F. SCHWAT C/O UIP PROPERTY MANAGEMENT, INC	140 Q STREET NE SUITE 140-B WASHINGTON DC 20002	CONNECTICUT GENERAL LIFE INSURANCE COMPANY	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.3. UIP COMPANIES INC.	1201 CONNECTICUT AVE NW STE 200C WASHINGTON DC 20036-2605	LIBERTY MUTUAL INSURANCE COMPANY	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4. UIP COMPANIES INC.	1201 CONNECTICUT AVE NW STE 200C WASHINGTON DC 20036-2605	SPECIALTY INSURANCE CO	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.5. UIP COMPANIES INC.	1201 CONNECTICUT AVE NW STE 200C WASHINGTON DC 20036-2605	VANTAGE RISK SPECIALTY INSURANCE CO.	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.6. UIP COMPANIES INC.	1201 CONNECTICUT AVE NW STE 200C WASHINGTON DC 20036-2605	FALLS LAKE FIRE & CASUALTY COMPANY	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor **Onyx Owner, LLC**Case number (if known) **24-12816**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7. UIP COMPANIES INC.	1201 CONNECTICUT AVE NW STE 200C WASHINGTON DC 20036-2605	TEXAS INSURANCE COMPANY	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.8. UIP COMPANIES INC.	1201 CONNECTICUT AVE NW STE 200C WASHINGTON DC 20036-2605	ENDURANCE AMERICAN INS CO	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:**Debtor name:** Onyx Owner, LLC**United States Bankruptcy Court for the:** District of Delaware**Case number (if known):** 24-12816Official Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

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An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/12/2025
MM/DD/YYYY

x

/s/ John W. Usner, Jr.

Signature of individual signing on behalf of debtor

John W. Usner, Jr.

Printed name

Principal

Position or relationship to debtor