

U27/13-203

**IN THE CIRCUIT COURT OF THE 17TH
JUDICIAL CIRCUIT, IN AND FOR
BROWARD COUNTY, FLORIDA**

CASE NO: 12-34121 (07)

Complex Litigation Unit

PHILIP J. VON KAHLE, as Conservator of
P&S ASSOCIATES, GENERAL PARTNERSHIP,
and S&P ASSOCIATES, GENERAL PARTNERSHIP,

Plaintiffs,

vs.

JANET A. HOOKER CHARITABLE TRUST, et al.,

_____ /
Defendants.

NOTICE OF FILING AFFIDAVIT OF ROBERT A. UCHIN

Defendant ROBERT A. UCHIN REVOCABLE TRUST by and through the undersigned counsel hereby files the attached Affidavit of Robert A. Uchin in support of Defendant's Motion for Summary Judgment.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on March 13, 2014, I electronically filed the foregoing document with the Clerk of the Court and I also certify that the foregoing document is being served this day on all counsel of record in the manner specified, either via the Florida Courts E-Filing Portal or in

some other authorized manner for those counsel or parties who are not authorized to receive electronic filings.

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By: /s/Richard T. Woulfe
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Florida Bar # 222313
LOUIS REINSTEIN
Florida Bar # 26852

Philip J. Von Kahle, etc., vs. Janet A.
Hooker Charitable Trust, etc., et al
Case No: 12-034121 (07)
Our File: U27/13-203

CERTIFICATE OF SERVICE LIST

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Philip J. Von Kahle, etc., vs. Janet A.
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Case No: 12-034121 (07)
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Philip J. Von Kahle, etc., vs. Janet A.
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Philip J. Von Kahle, etc., vs. Janet A.

Hooker Charitable Trust, etc., et al

Case No: 12-034121 (07)

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Plaintiffs,

vs.

**JANET A. HOOKER CHARITABLE TRUST,
a charitable trust, et al**

Defendants. _____/

AFFIDAVIT OF ROBERT A. UCHIN

STATE OF FLORIDA)
)ss
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared ROBERT A. UCHIN, who,
first being duly sworn, deposes and states as follows:

1. My name is ROBERT A. UCHIN. I am over the age of eighteen and I have personal
knowledge of the matters set forth below in this Affidavit.

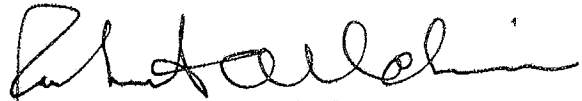
2. On November 26, 2007, on behalf of the ROBERT A. UCHIN REVOCABLE
TRUST (the "Trust"), I sent a letter to P&S Associates, General Partnership, directed to then
Managing Partner Michael "Mike" Sullivan, providing notice of the Trust's withdrawal as a partner
through my request to "[p]lease sell all of our investment at the next time interval..." A true and

correct copy of that letter is attached as **Exhibit "A"** (and was provided to me by the attorney for the Plaintiffs at my deposition).

3. I have also attached as **Exhibit "B"** a true and correct copy of my Schedule K-1 (Form 1065) for 2008 which indicates that it is the "Final K-1" as there is a check mark in a box so indicating.

4. Under penalty of perjury, I state the foregoing is true and correct.

FURTHER AFFIANT SAYETH NAUGHT.



ROBERT A. UCHIN, On behalf of
ROBERT A. UCHIN REVOCABLE TRUST

Sworn to and subscribed before me this 13 day of March, 2014, by ROBERT A. UCHIN, on behalf of ROBERT A. UCHIN REVOCABLE TRUST, who is personally known to me or has produced _____ as identification.



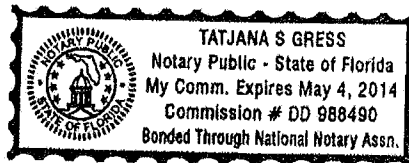
(Signature of Notary)

Tatjana S Gress

(Name of Notary Typed or
printed or stamped)
NOTARY PUBLIC

DD 988490

(Commission Number)





Robert A. Uchin, D.D.S.
Dean

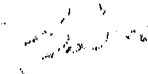
November 26, 2007

P & S Associates, General Partnership
c/o Sullivan & Powell
Port Royale Financial Center
6550 North Federal Highway
Suite 210
Fort Lauderdale
Florida 33308

Dear Mike

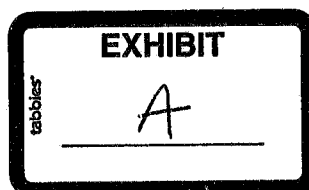
Please sell all of our investment at the next time interval and forward a check for same to me at 501 SW 7th Ave, Fort Lauderdale, Florida 33315-1041

Thank you. Happy Holidays.


Robert A. Uchin, D.D.S.
Dean

Health Professions Division
College of Dental Medicine
3200 South University Drive • Fort Lauderdale, Florida 33328-2013
(954) 262-7311 • Fax: (954) 262-1782 • Email: roaching@ost.nova.edu

College of Osteopathic Medicine • College of Pharmacy • College of Optometry • College of Allied Health and Nursing • College of Medical Sciences • College of Dental Medicine



PS_Uchin 0012

Schedule K-1
(Form 1065)

2008

Final K-1 Amended K-1 OMB No. 1545-0099

Department of the Treasury
Internal Revenue Service

For calendar year 2008, or tax
year beginning _____
ending _____

**Partner's Share of Income, Deductions,
Credits, etc.**

▶ See separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number _____

B Partnership's name, address, city, state, and ZIP code
P & S ASSOCIATES, GENERAL PARTNERSHIP
MICHAEL SULLIVAN, GENERAL PARTNER
6550 N. FEDERAL HWY., SUITE 210
FORT LAUDERDALE, FL 33308-1404

C IRS Center where partnership filed return
OGDEN, UT

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number _____

F Partner's name, address, city, state, and ZIP code
ROBERT A UCHIN REV TRUST
ROBERT A UCHIN, TRUSTEE
5
FT. LAUDERDALE, FL 33315-1041

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I What type of entity is this partner? TRUST

J Partner's share of profit, loss, and capital:

	Beginning	Ending
Profit	0.000000%	0.000000%
Loss	0.000000%	0.000000%
Capital	0.000000%	0.000000%

K Partner's share of liabilities at year end:

Nonrecourse \$ _____

Qualified nonrecourse financing \$ _____

Recourse \$ _____ 0.

L Partner's capital account analysis:

Beginning capital account	\$ 4196.
Capital contributed during the year	\$ 0.
Current year increase (decrease)	\$ _____
Withdrawals & distributions	\$(4195.)
Ending capital account	\$ 1.

Tax basis GAAP Section 704(b) book
 Other (explain) _____

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1 Ordinary business income (loss)	0.	15 Credits
2 Net rental real estate income (loss)		16 Foreign transactions
3 Other net rental income (loss)		
4 Guaranteed payments		
5 Interest income		
6a Ordinary dividends		17 Alternative min tax (AMT) items
6b Qualified dividends		
7 Royalties		18 Tax-exempt income and nondeductible expenses
8 Net short-term capital gain (loss)		
9a Net long-term capital gain (loss)		
9b Collectibles (28%) gain (loss)		19 Distributions A 4195.
9c Unrecaptured sec 1250 gain		20 Other information
10 Net section 1231 gain (loss)		
11 Other income (loss)		
12 Section 179 deduction		
13 Other deductions		
14 Self-employment earnings (loss)	0.	

* See attached statement for additional information.

For IRS Use Only

LHA For Paperwork Reduction Act Notice, see instructions for Form 1065.

Schedule K-1 (Form 1065) 2008

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12-31-08

