2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:45

DOCUMENT # B01000000373

1. Entity Name
AMC DELANCEY MIAMI LAKES ASSOCIATES, L.P.

Principal Place of Business	Mailing Address
718 ARCH STREET STE. 400N PHILADELPHIA, PA 19106	C/O AMC DELANCEY GROUP, INC. 718 ARCH STREET, SUITE 400N PHILADELPHIA, PA 19106

01192005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
c/o AMC Delancey Group, Inc.	
Suite, Apt. #, etc. same address	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
23-3094089
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $22,040.

10. Amount of Capital Contributions in FLORIDA to date. $28,560. — affidavits filed 3/2/05

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F01000005563	STREET ADDRESS	
NAME	AMC DELANCEY MIAMI LAKES, INC.	CITY-ST-ZIP	
STREET ADDRESS	718 ARCH STREET STE. 400N		
CITY-ST-ZIP	PHILADELPHIA, PA 19106		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ 1/25/05 215-627-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #